



# TRENDWATCH CHARTBOOK 2009

Trends Affecting Hospitals and Health Systems



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American Hospital  
Association

# TRENDWATCH CHARTBOOK 2009

Trends Affecting Hospitals and Health Systems

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Prepared by Avalere Health  
for the American Hospital Association

TrendWatch, produced by the American Hospital Association, highlights important trends in the hospital and health care field. Avalere Health supplies research and analytic support.

TrendWatch products include a series of reports, released each year, that provide up-to-date information on health and hospital trends, and this Chartbook.

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The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 institutional, 600 associate, and 40,000 personal members come together to form the AHA.

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# CHAPTER 1

Trends in the Overall  
Health Care Market

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### CHAPTER 1.0: Trends in the Overall Health Care Market

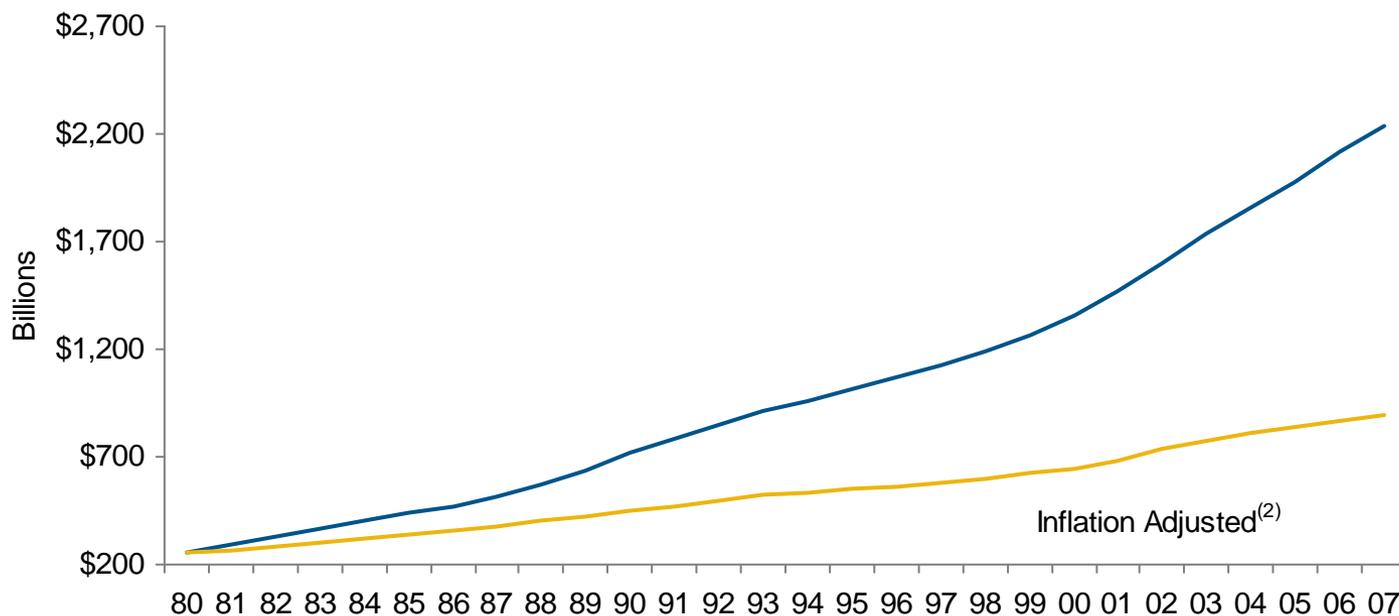
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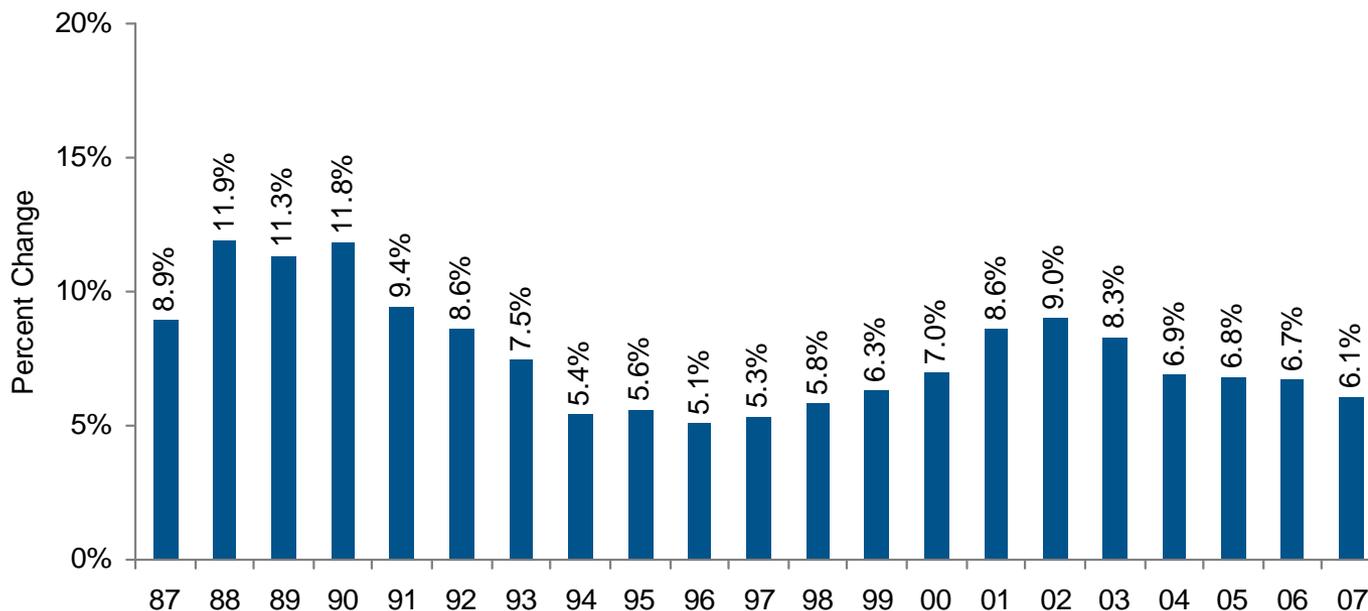


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

<sup>(2)</sup> Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

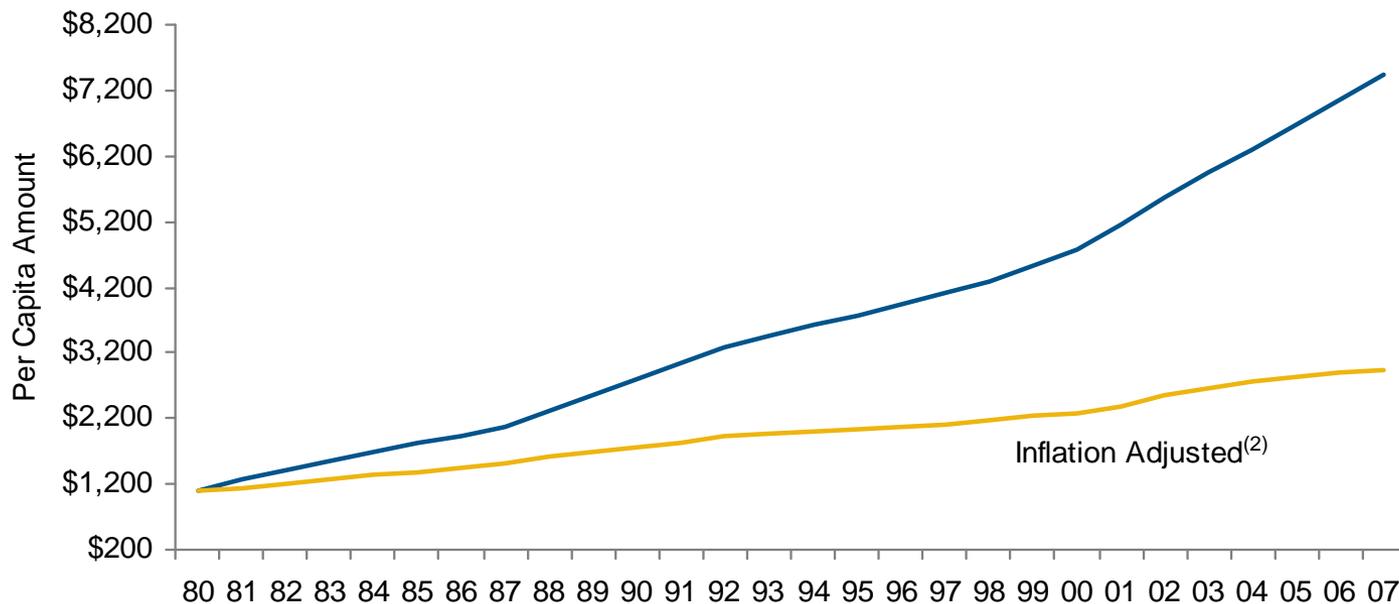
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

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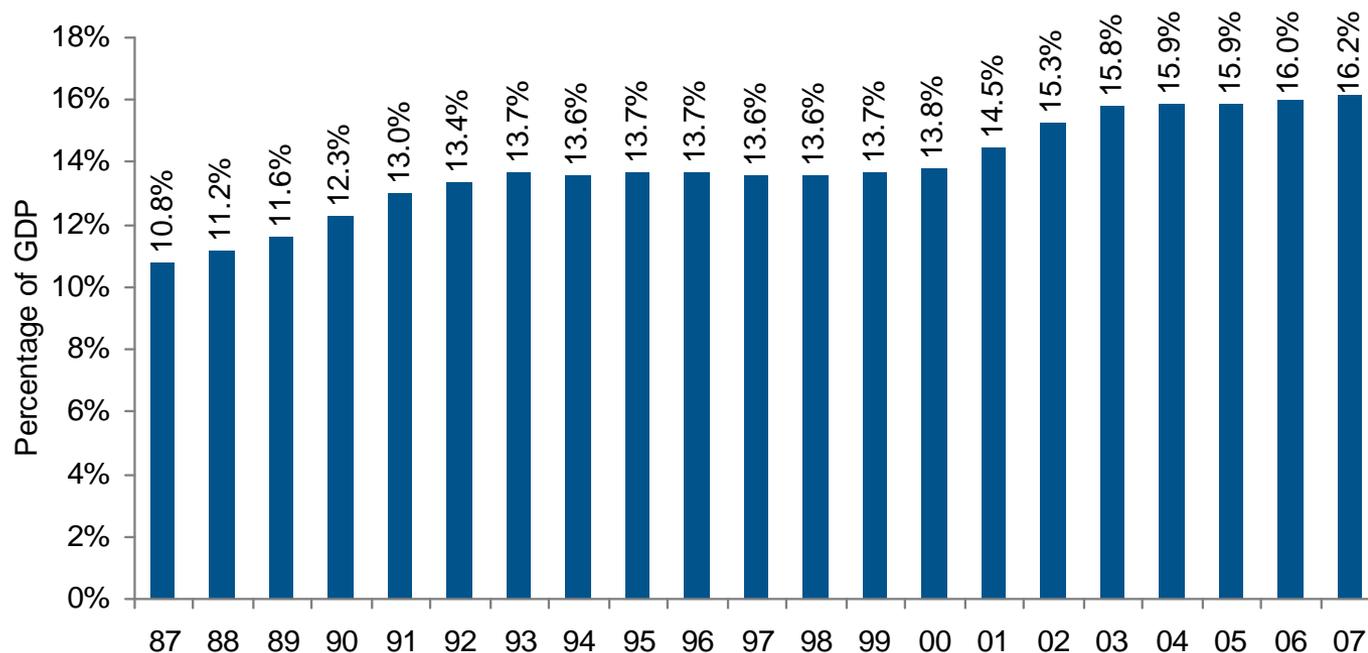
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

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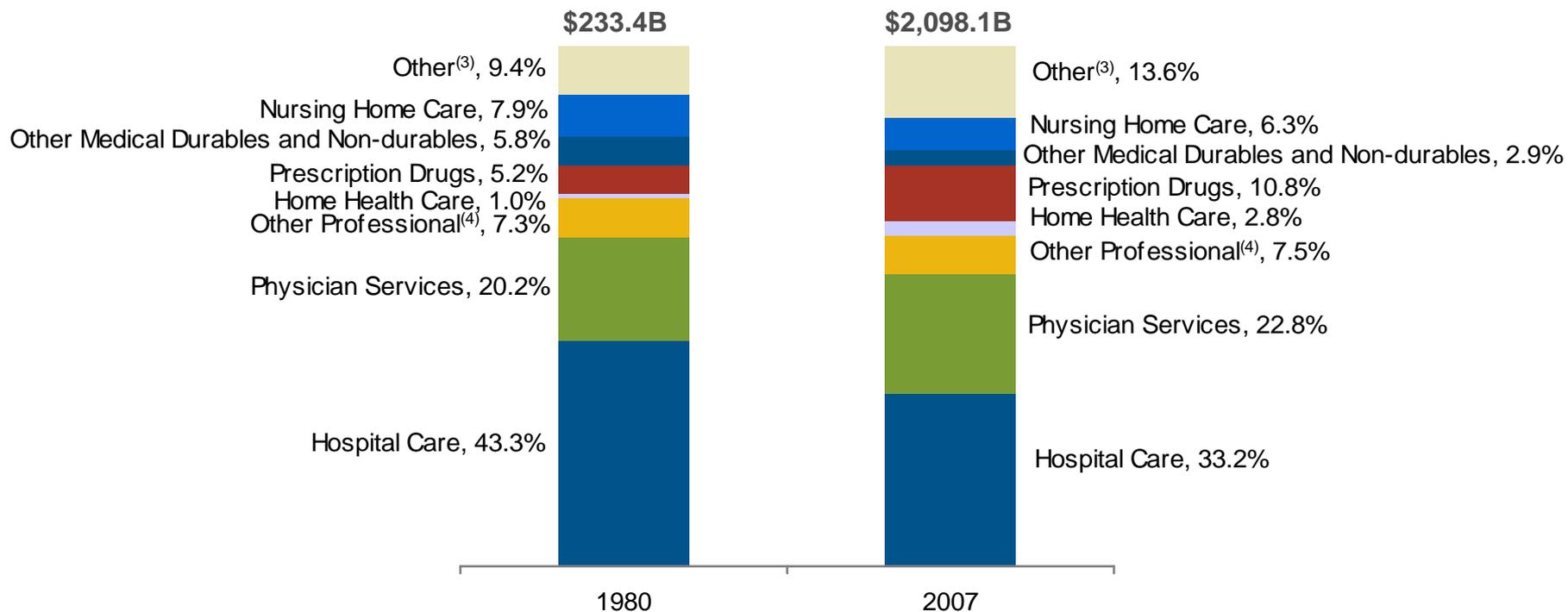
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpndData/downloads/benchmark.pdf>.

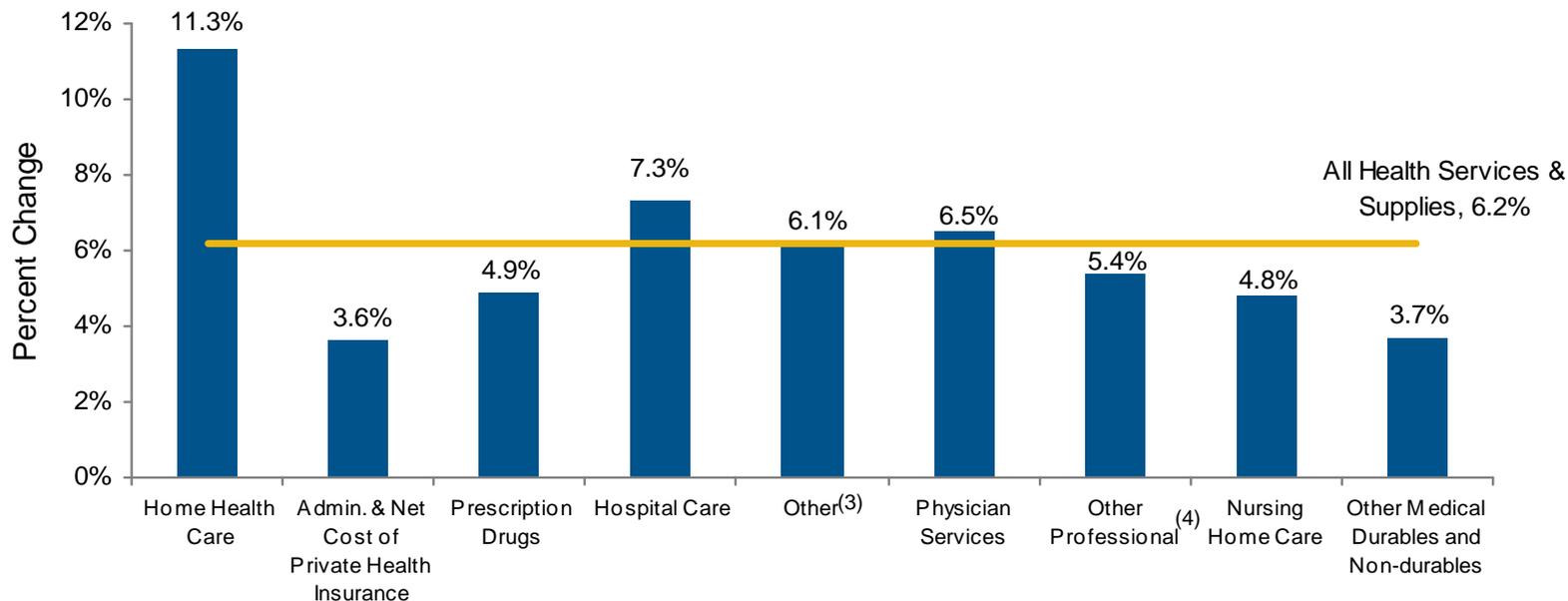
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

- (1) Excludes medical research and medical facilities construction.
- (2) CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.
- (3) "Other" includes net cost of insurance and administration, government public health activities, and other personal health care.
- (4) "Other professional" includes dental and other non-physician professional services.

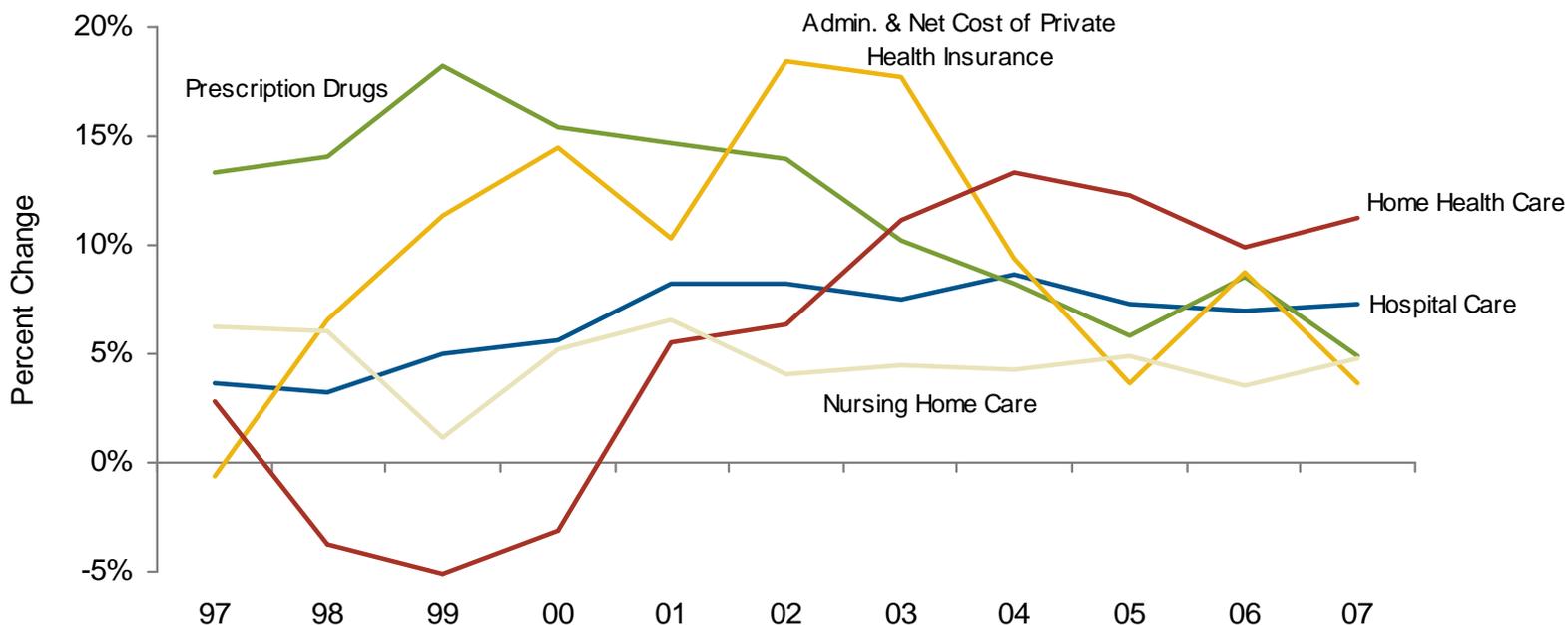
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Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

- (1) Excludes medical research and medical facilities construction.
- (2) CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.
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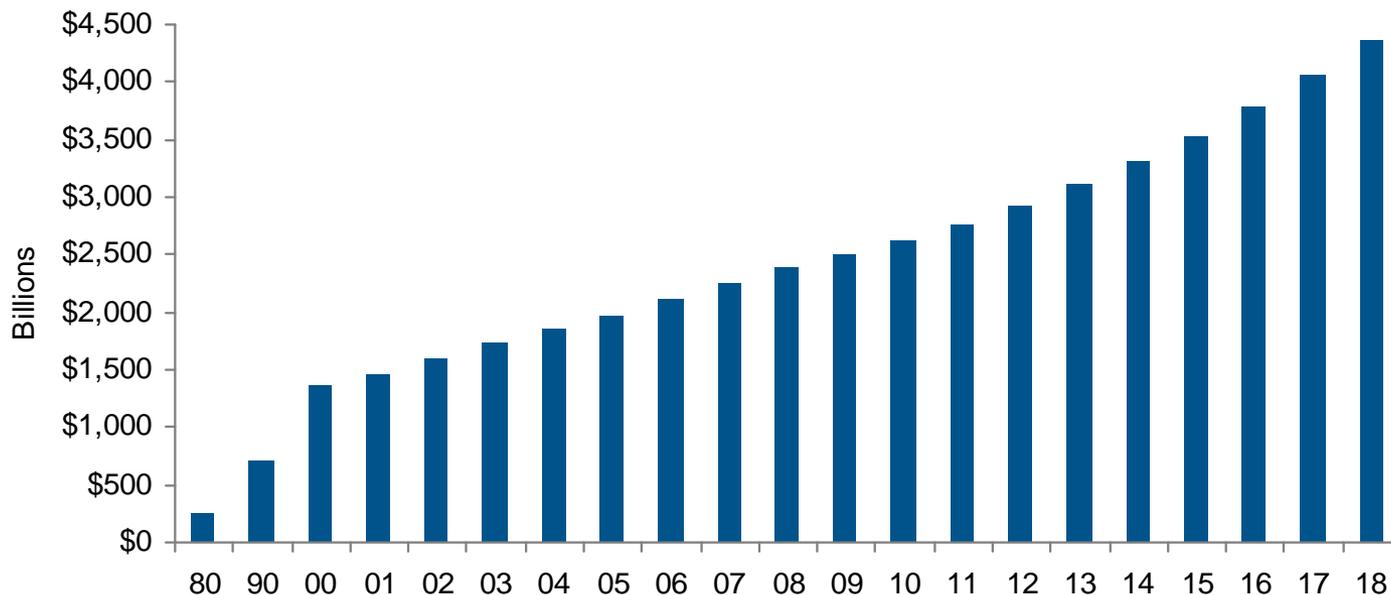
### Chart 1.7: Percent Change in National Expenditures for Selected Health Services and Supplies, 1997 – 2007<sup>(1)</sup>



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

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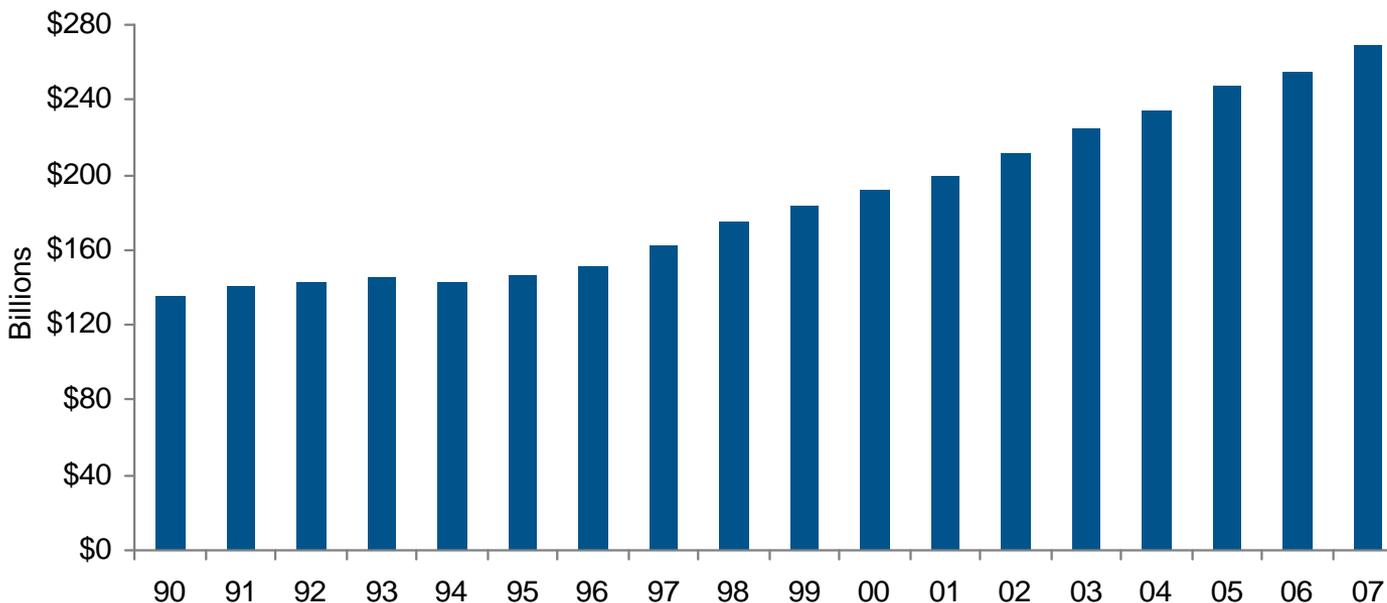


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released February 23, 2009.

<sup>(1)</sup> Years 2008 – 2018 are projections.

<sup>(2)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

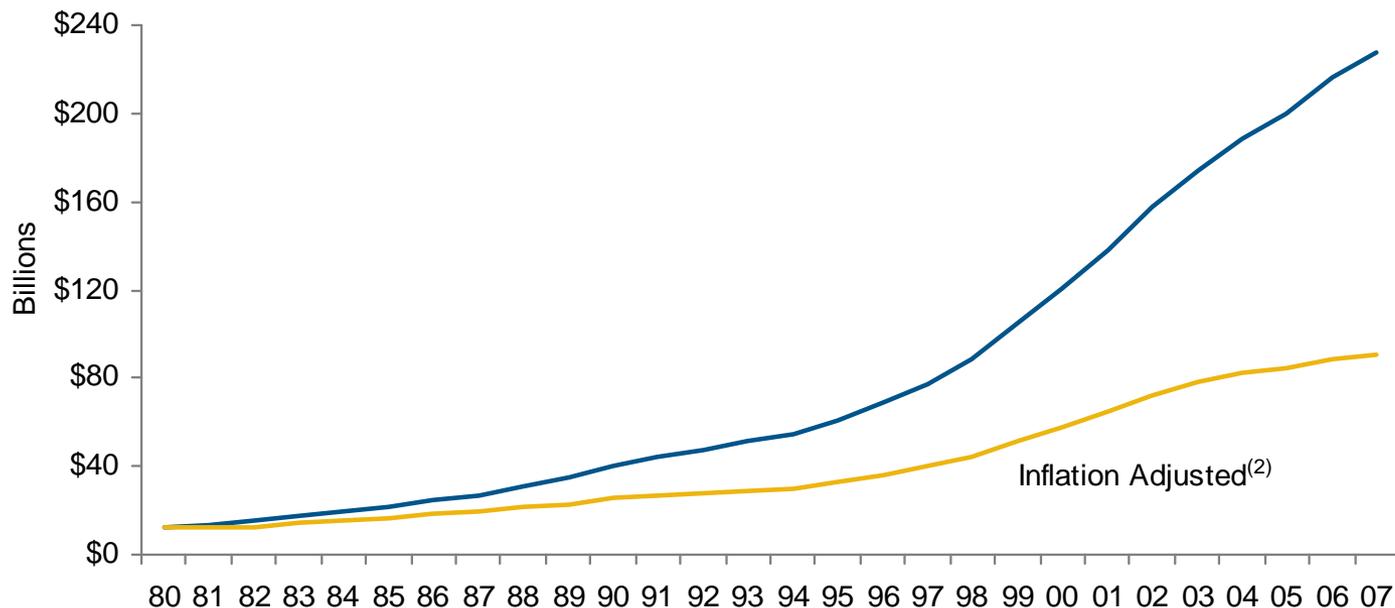
### Chart 1.9: Consumer Out-of-pocket Payments for National Health Expenditures, 1990 – 2007<sup>(1)</sup>



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

### Chart 1.10: Total Prescription Drug Spending, 1980 – 2007<sup>(1)</sup>

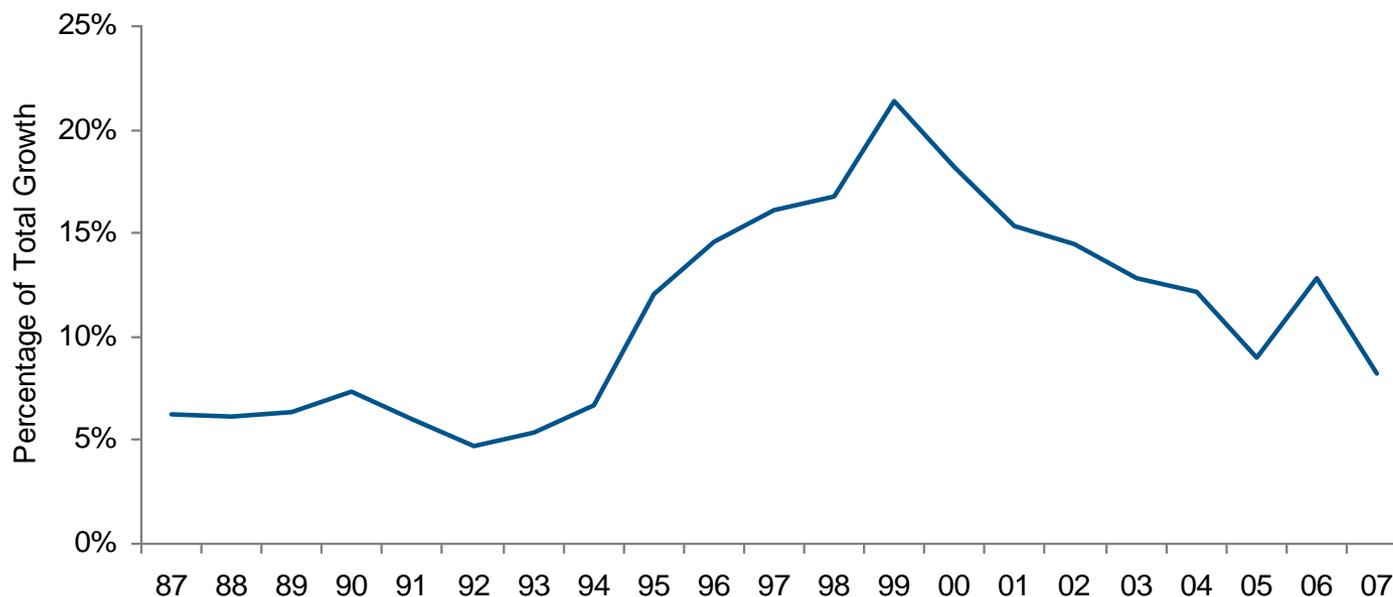


Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

<sup>(2)</sup> Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for All Urban Consumers.

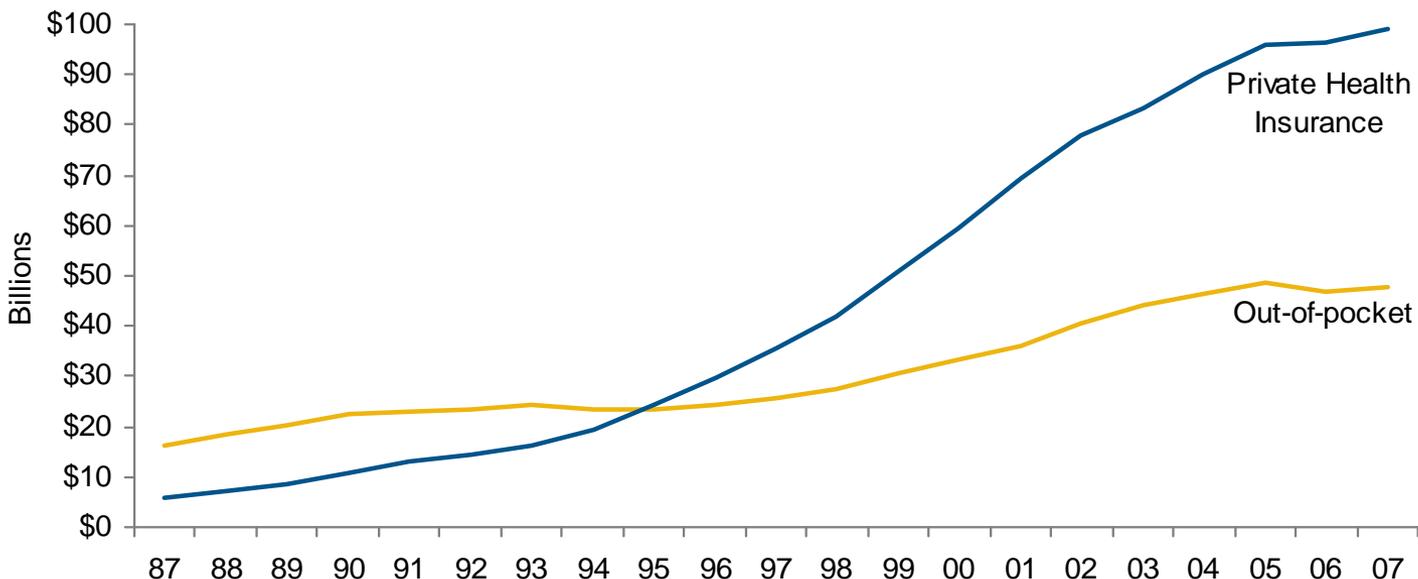
### Chart 1.11: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1987 – 2007<sup>(1)</sup>



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

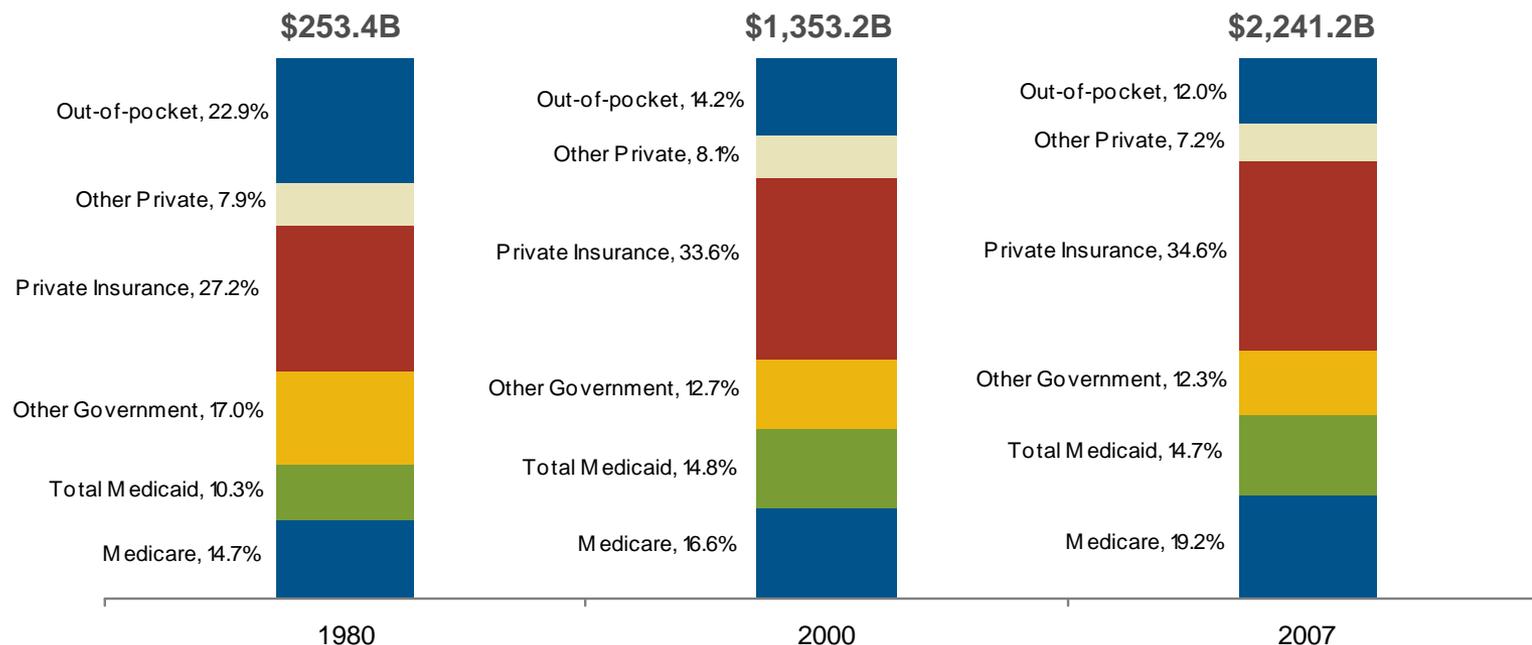
### Chart 1.12: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1987 – 2007<sup>(1)</sup>



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

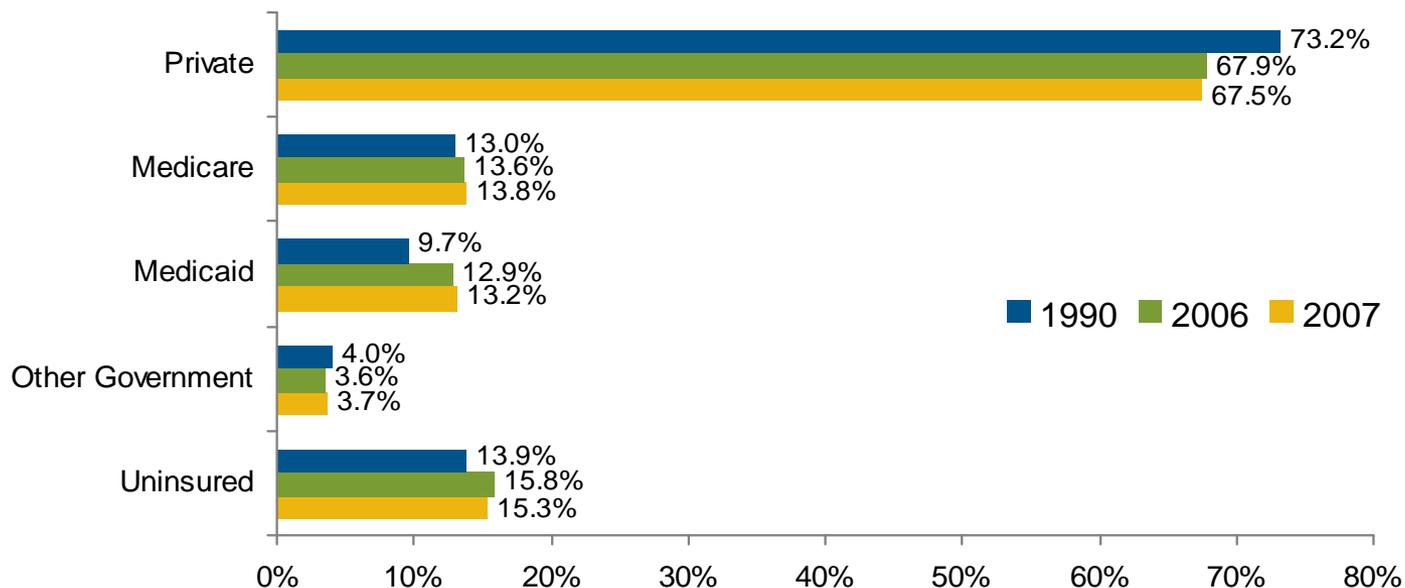
### Chart 1.13: Distribution of National Health Expenditures by Source of Payment, 1980, 2000, and 2007<sup>(1)</sup>



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

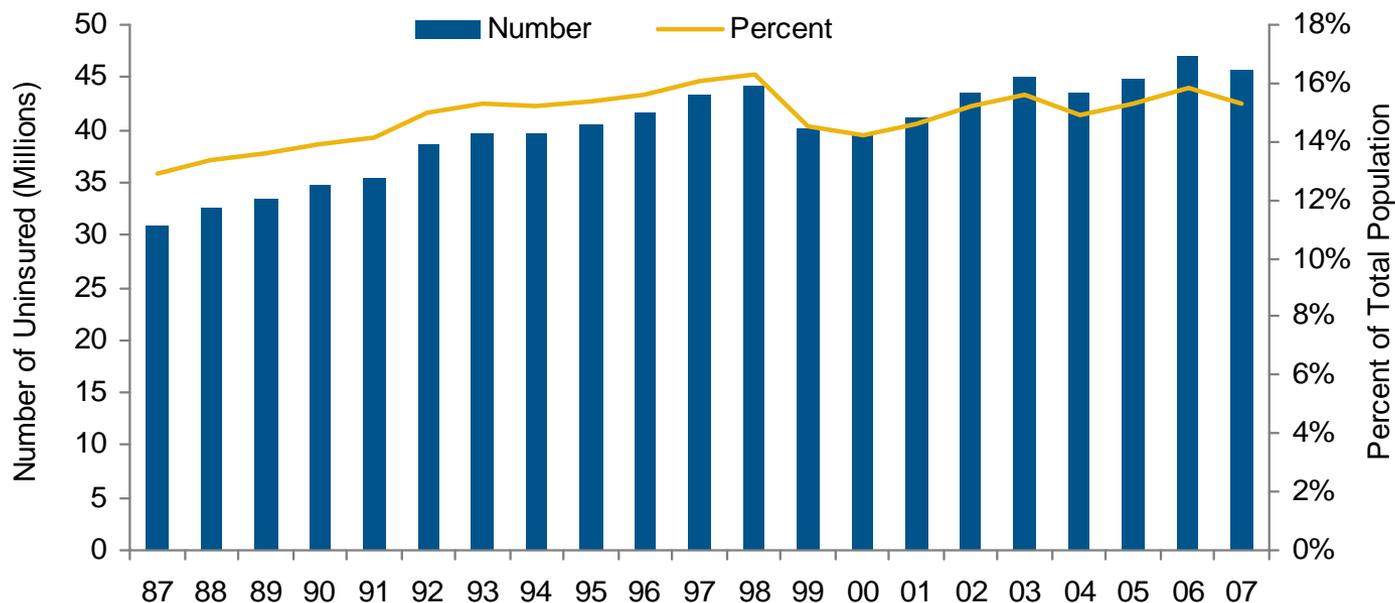
<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

### Chart 1.14: Distribution of Health Insurance Coverage, Percentage of Population Covered by Payer, 1990, 2006, and 2007



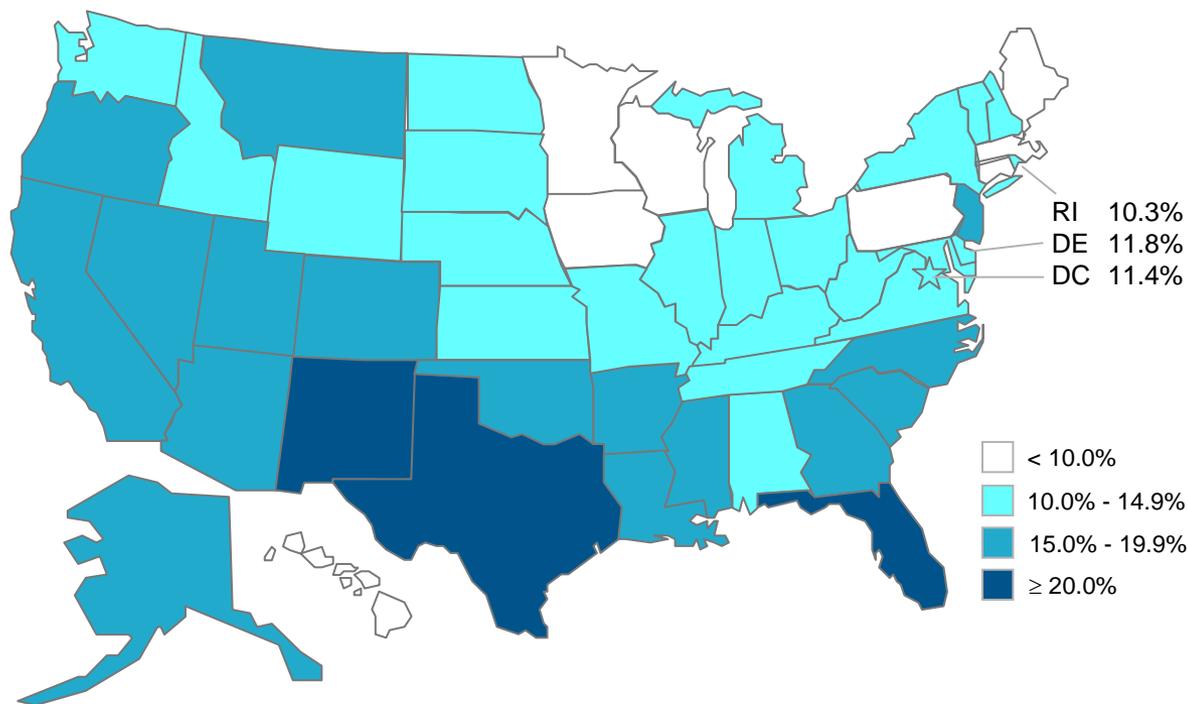
Source: US Census Bureau, Current Population Survey, 2008 Annual and Social Economic Supplement. Data released March 2008. Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2007. Link: [http://pubdb3.census.gov/macro/032008/health/h05\\_000.htm](http://pubdb3.census.gov/macro/032008/health/h05_000.htm).

Chart 1.15: Number and Percent Uninsured, 1987 – 2007



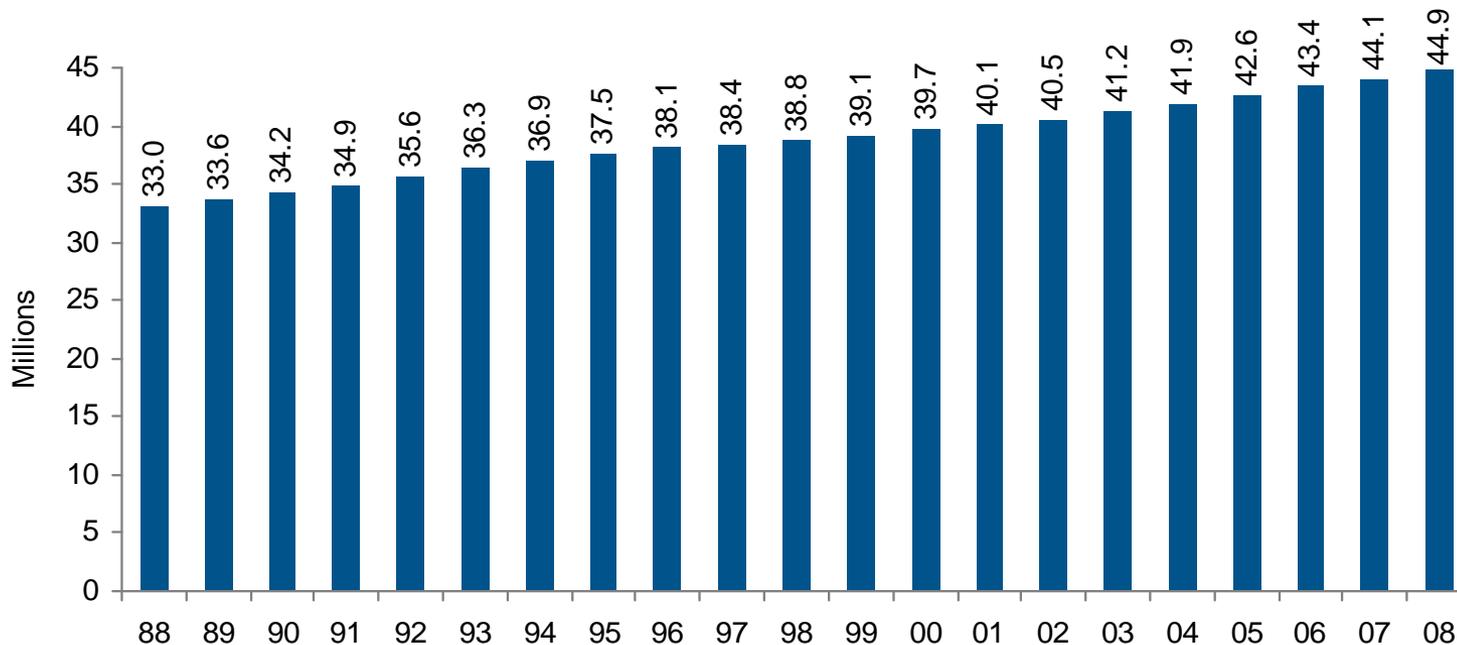
Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2007. Data released August 2008. Table 6. People Without Health Insurance Coverage by Selected Characteristics: 2006 and 2007. Link: [http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235\\_table6.pdf](http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235_table6.pdf).

### Chart 1.16: Average Percent Uninsured by State, 2005 – 2007



Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2007. Data released August 2008. Link: [http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235\\_table8.pdf](http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235_table8.pdf).

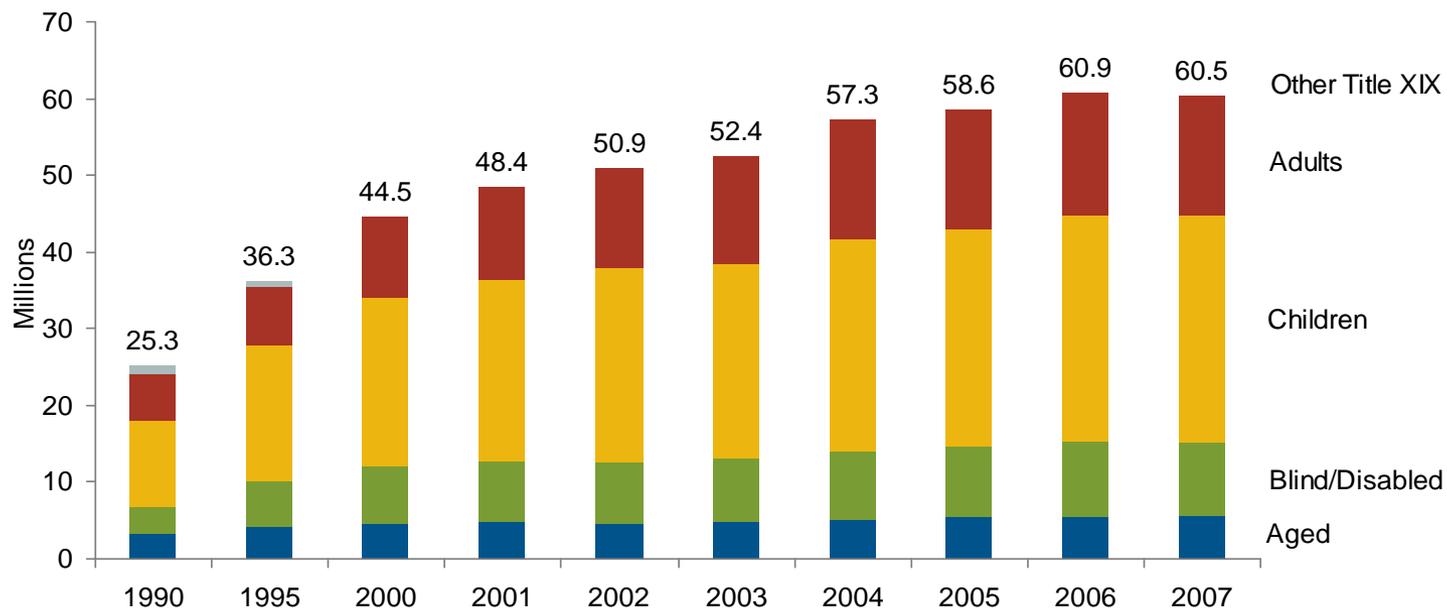
Chart 1.17: Medicare Enrollees,<sup>(1)</sup> 1988 – 2008



Source: Centers for Medicare & Medicaid Services. Medicare Enrollment: National Trends, 1966 – 2005; Medicare Aged and Disabled Enrollees by Type of Coverage. Link: <http://www.cms.hhs.gov/MedicareEnRpts/Downloads/HISMI05.pdf> (for years 1988 – 2000). CMS, Office of the Actuary. Email correspondence with CMS staff (for years 2001 – 2008).

<sup>(1)</sup> Hospital insurance (Part A) enrollees and/or Supplementary Medical Insurance (Part B) enrollees; includes all persons (aged and disabled).

Chart 1.18: Medicaid Enrollees,<sup>(1)</sup> 1990, 1995, 2000 – 2007

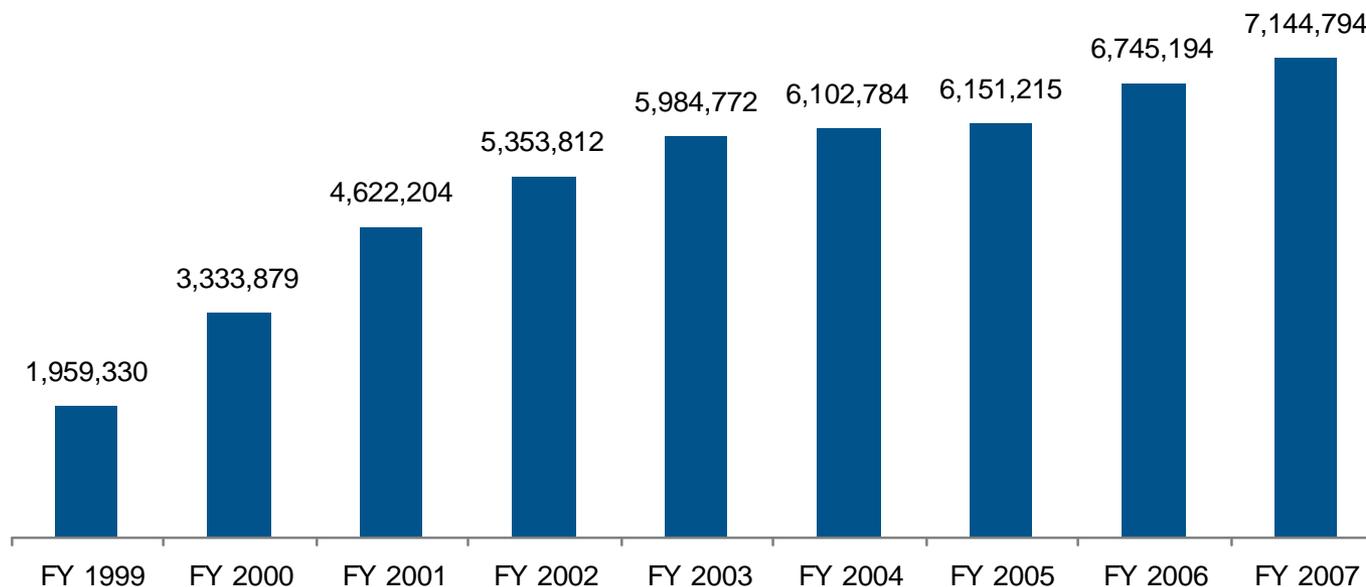


Source: Congressional Budget Office. Data released March 2008. Fact Sheet for CBO's March 2008 Baseline: Medicaid.

Link: <http://www.cbo.gov/budget/factsheets/2008b/medicaidBaseline.pdf>.

<sup>(1)</sup> Does not include SCHIP Enrollees.

Chart 1.19: National SCHIP Enrollment,<sup>(1,2)</sup> FY 1999 – FY 2007



Source: Centers for Medicare & Medicaid Services. Data released February 2008. Number of Children Ever Enrolled by Program Type. Link:

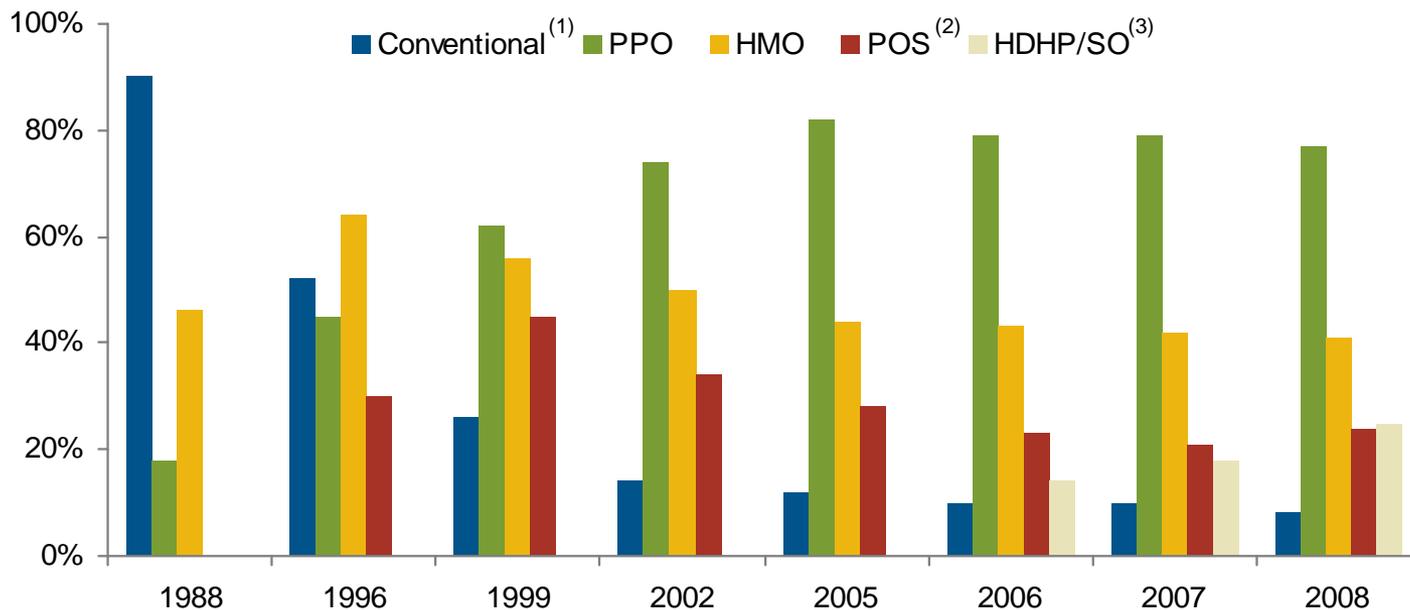
<http://www.cms.hhs.gov/NationalSCHIPPolicy/downloads/SCHIEverEnrolledYEARFY2007FINAL.PDF>.

<sup>(1)</sup> Number of children enrolled at any point in the year.

<sup>(2)</sup> 2006 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 7, 2008.



### Chart 1.21: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2008



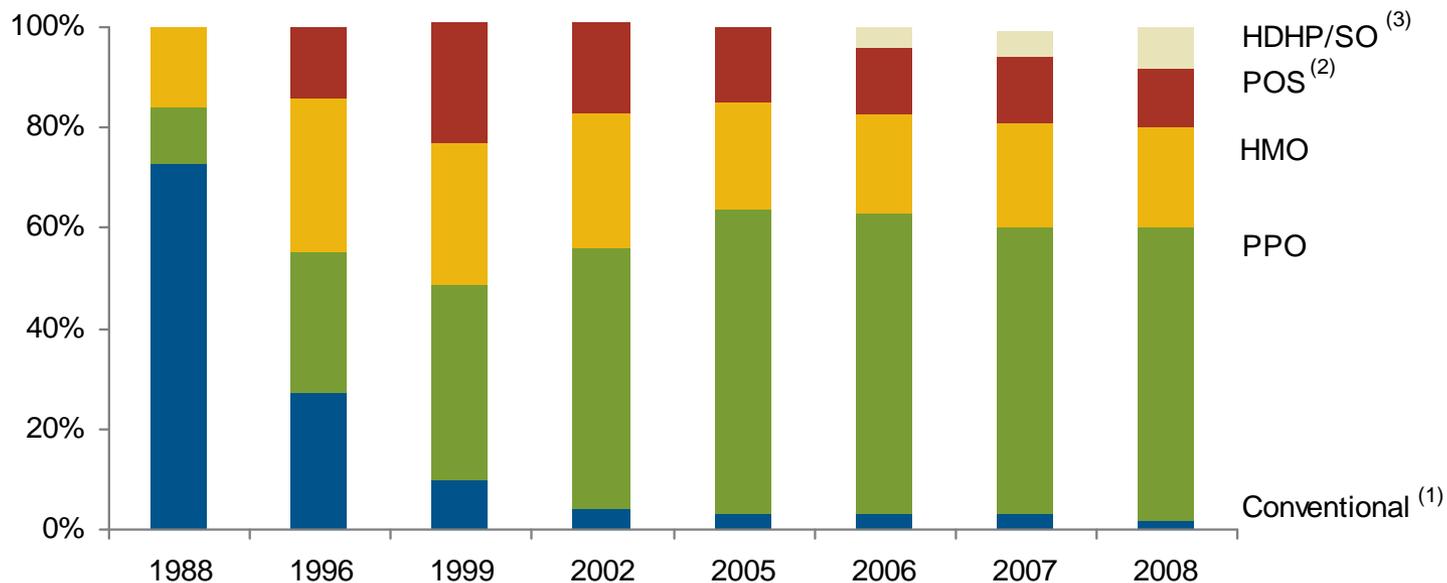
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2008. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008. Link: <http://ehbs.kff.org/pdf/7790.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

## Chart 1.22: Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2008



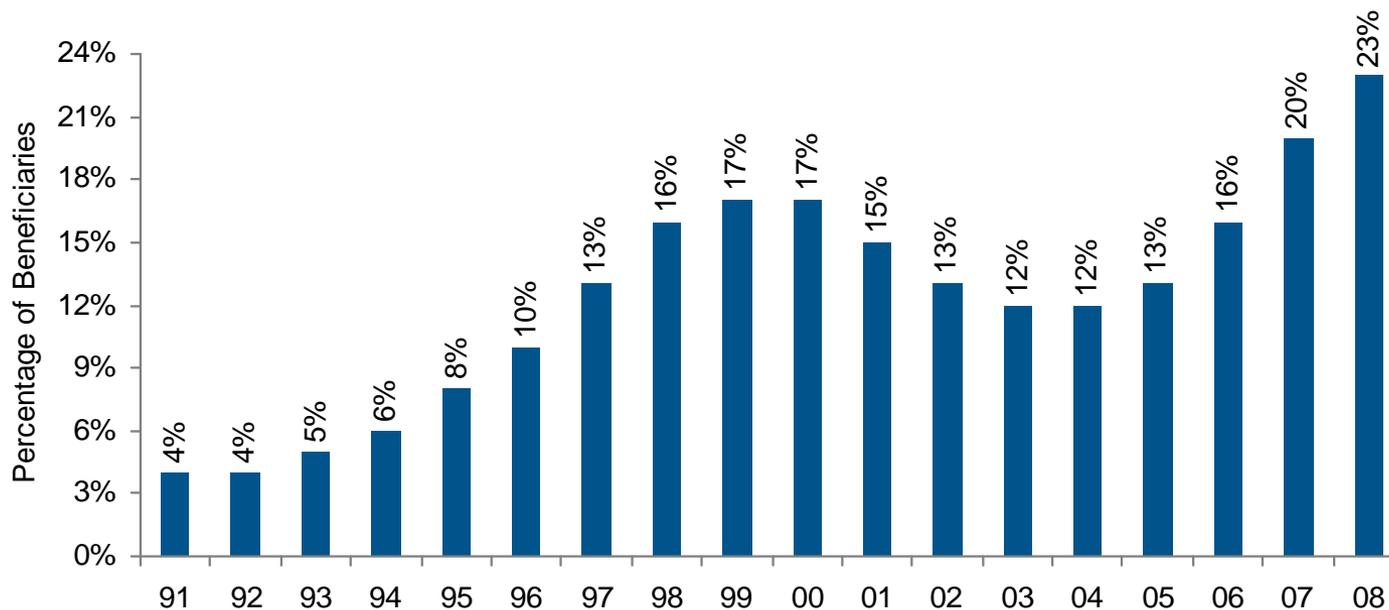
The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2008. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008. Link: <http://ehbs.kff.org/pdf/7790.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

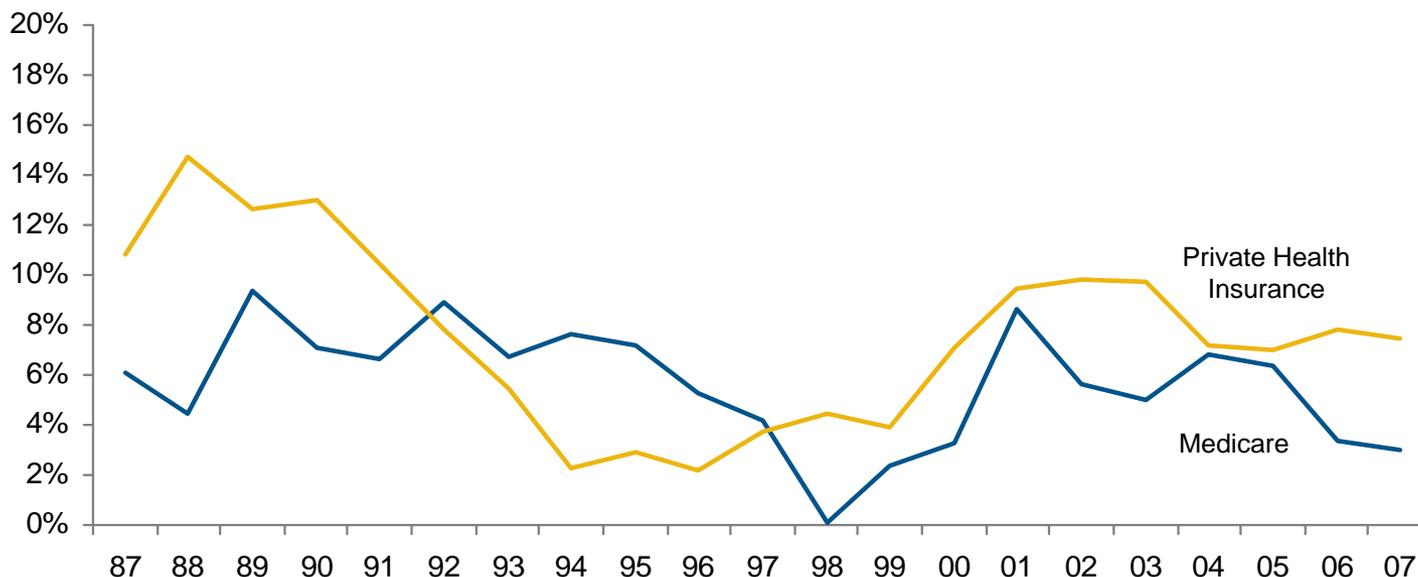
(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

### Chart 1.23: Percentage of Medicare Beneficiaries Enrolled in Medicare Managed Care, 1991 – 2008



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Email correspondence with CMS staff in January 2009.

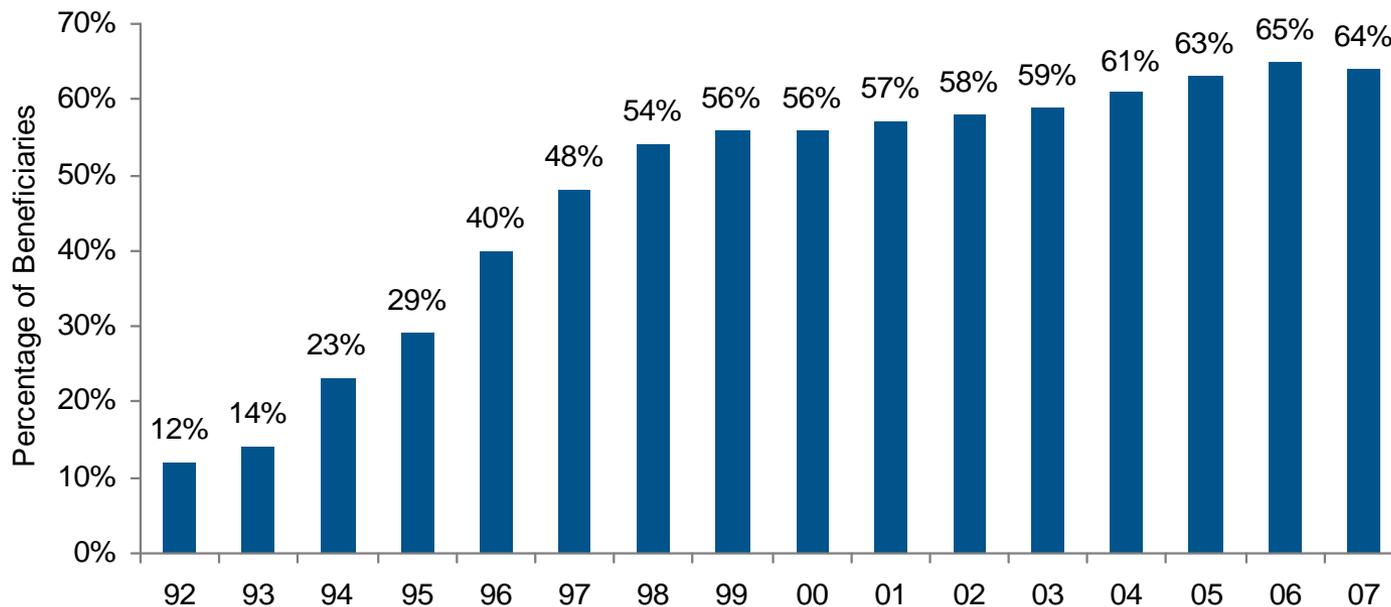
### Chart 1.24: Percent Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1987 – 2007<sup>(1,2)</sup>



Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

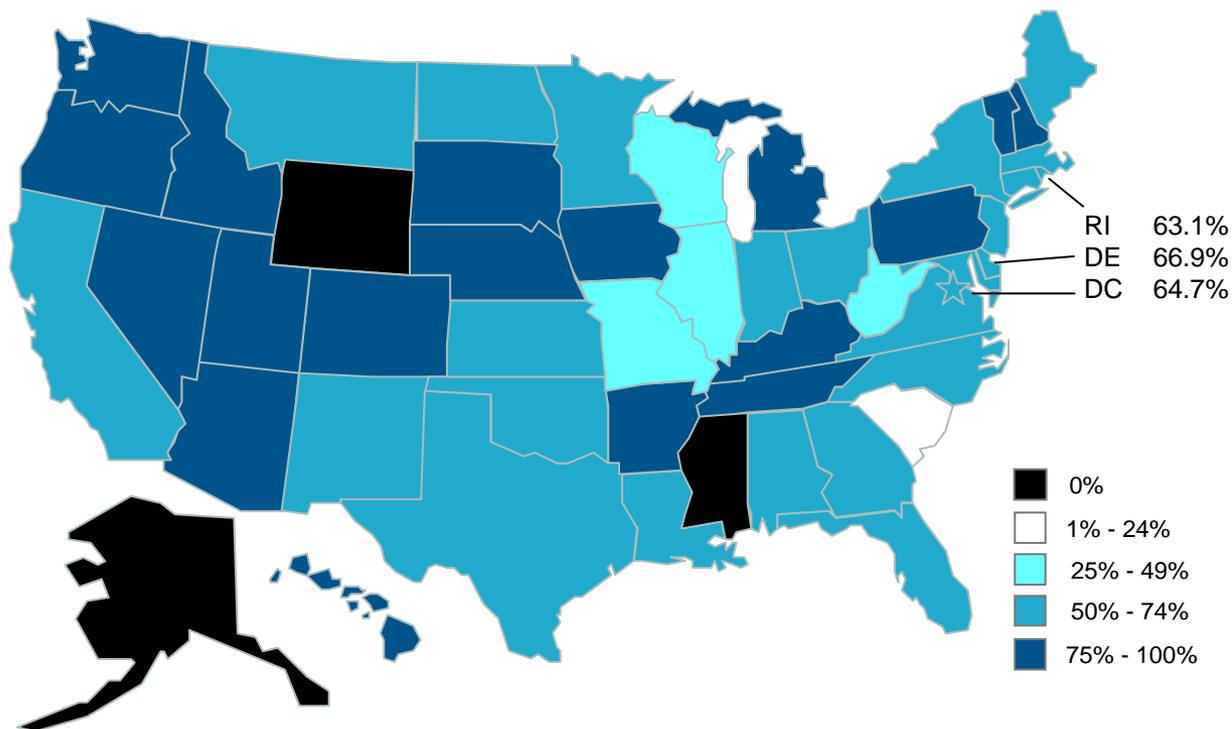
- (1) CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.
- (2) Data reflects spending on benefits commonly covered by Medicare and Private Health Insurance.

### Chart 1.25: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care, 1992 – 2007



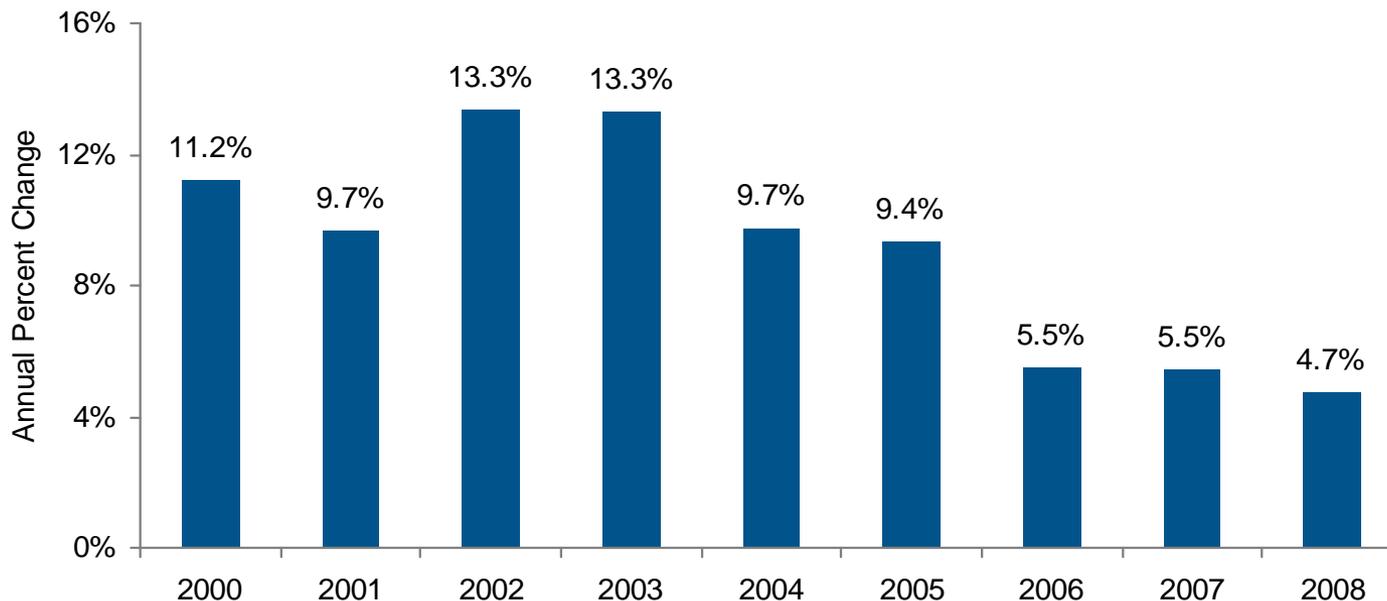
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2007. Data for 2007 updated per correspondence with CMS in September 2008.

### Chart 1.26: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2007



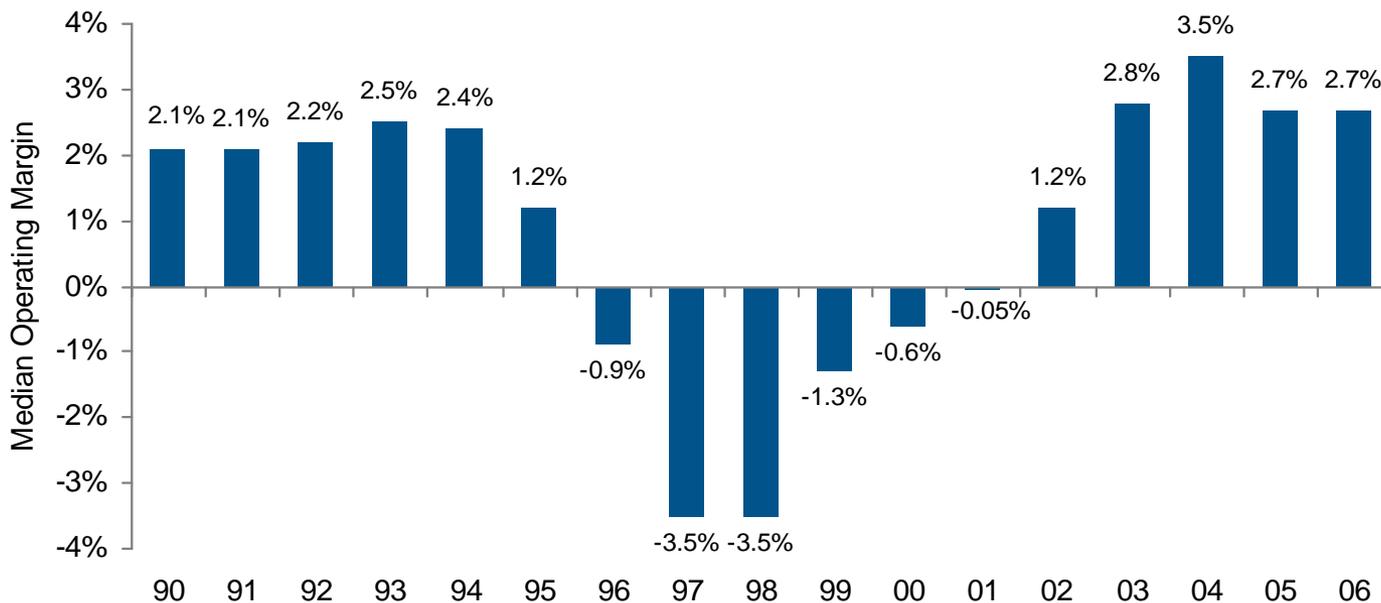
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2007. Data for 2007 updated per email correspondence with CMS in September 2008.

### Chart 1.27: Annual Change in Health Insurance Premiums for Family Coverage, 1999 – 2008



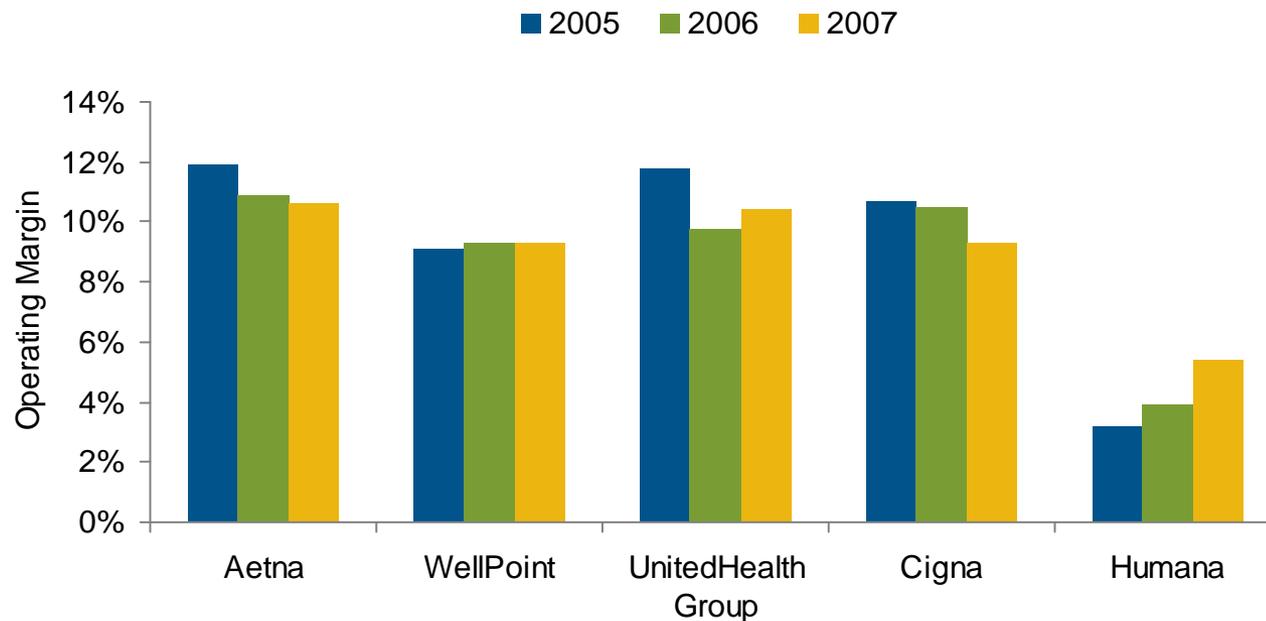
Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2008. Employer Health Benefits: 2008. Link: <http://ehbs.kff.org/pdf/7790.pdf>.

### Chart 1.28: HMO Plan Median Operating Margins, 1990 – 2006

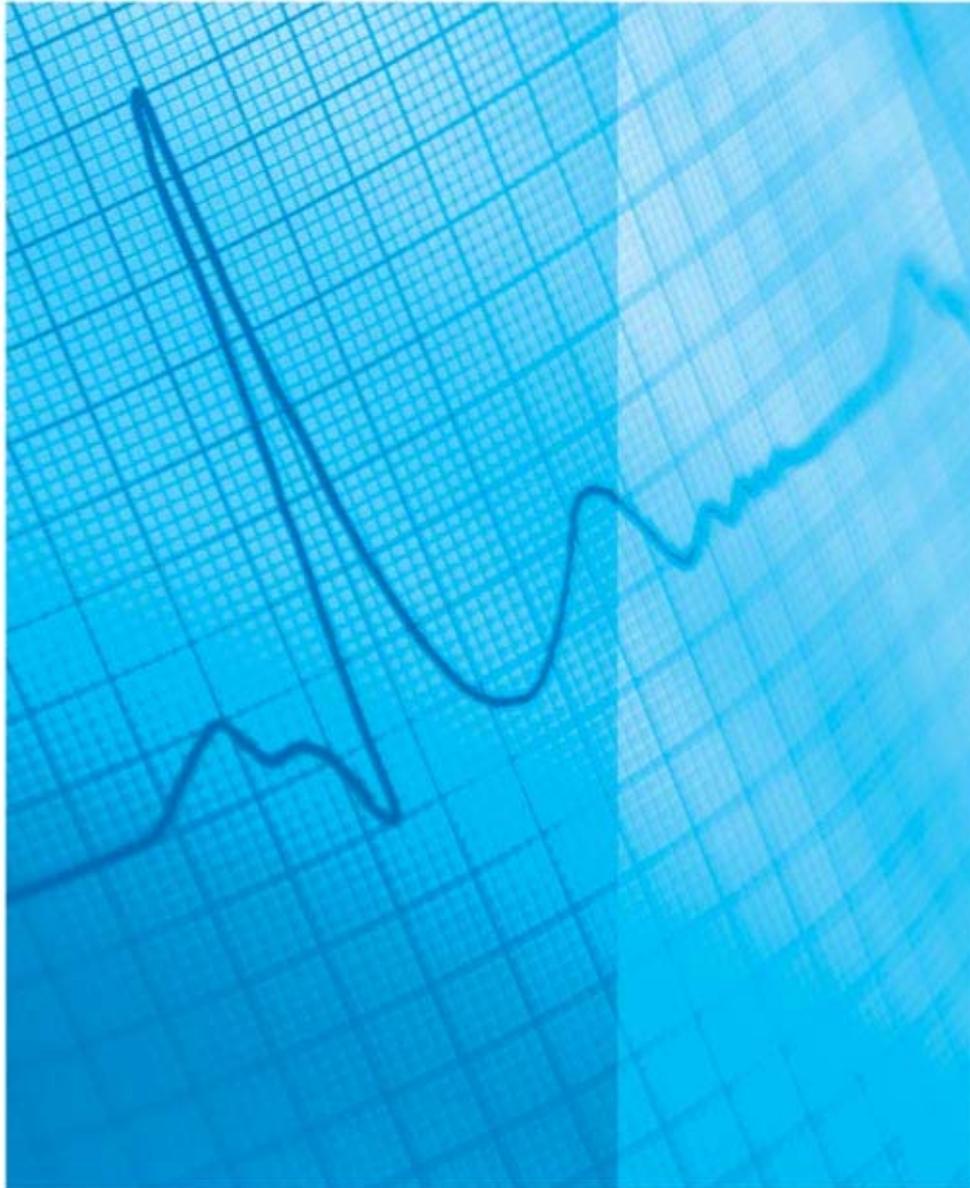


Source: Health Leaders-Interstudy, The Health Leaders-Interstudy Competitive Edge: Part II: Managed Care Industry Report, using data as of January 1, 2007.

### Chart 1.29: Operating Margins of the Top Insurers, 2005 – 2007



Source: Hoovers. Data for all years updated as of February 2009. Link: [www.hoovers.com](http://www.hoovers.com).



# CHAPTER 2

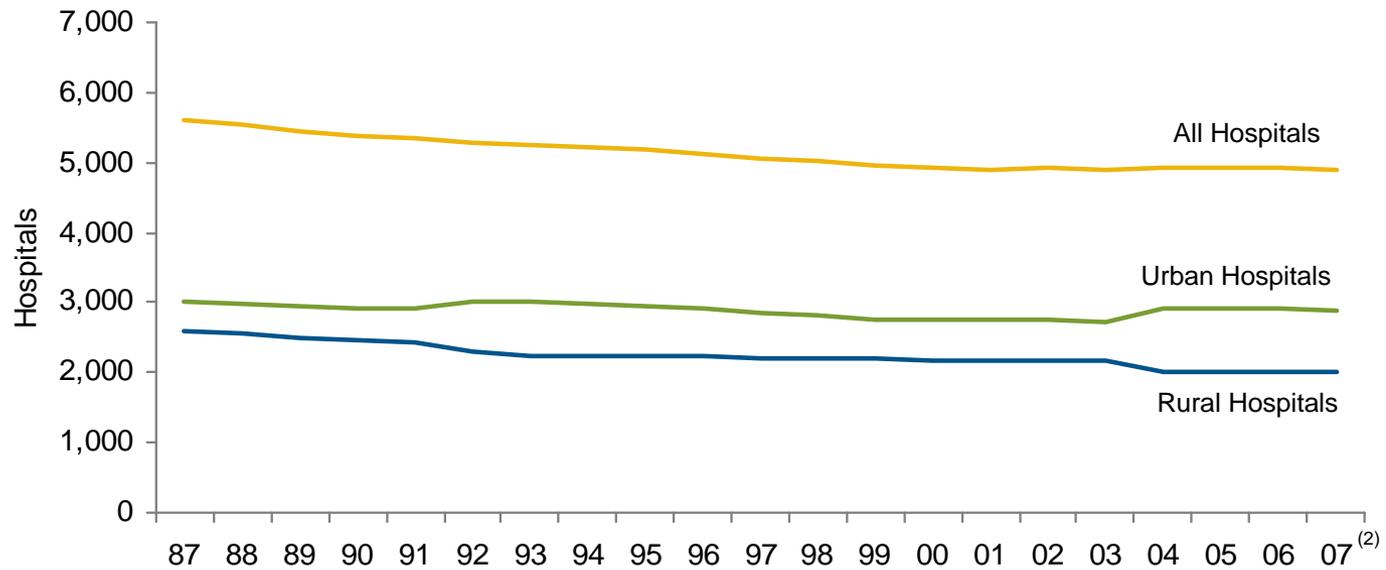
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### Chart 2.1: Number of Community Hospitals,<sup>(1)</sup> 1987 – 2007

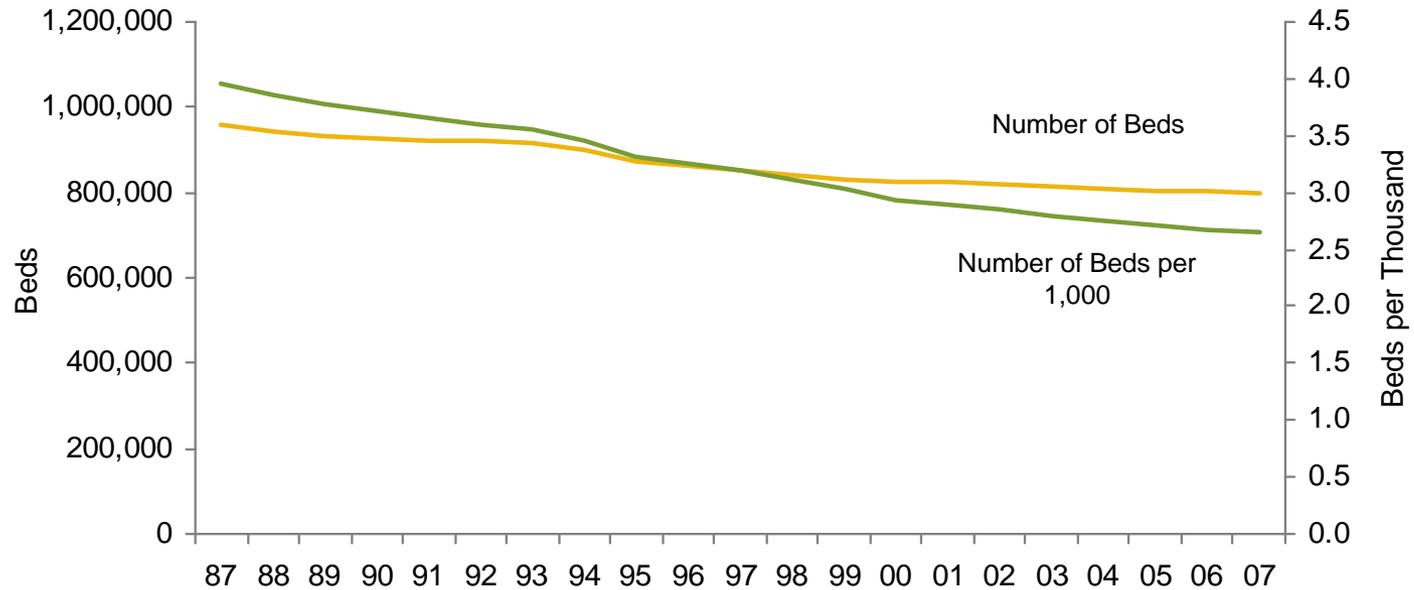


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> All nonfederal, short-term general, and specialty hospitals whose facilities and services are available to the public.

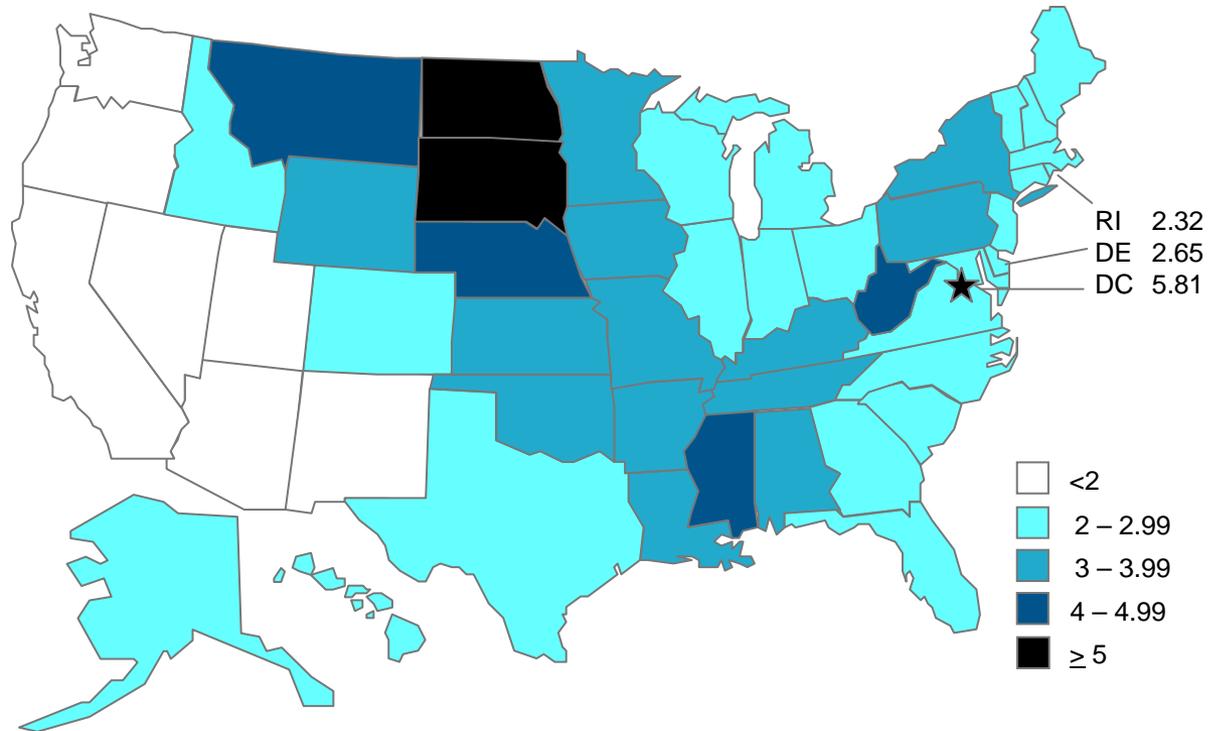
<sup>(2)</sup> Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

### Chart 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1987 – 2007



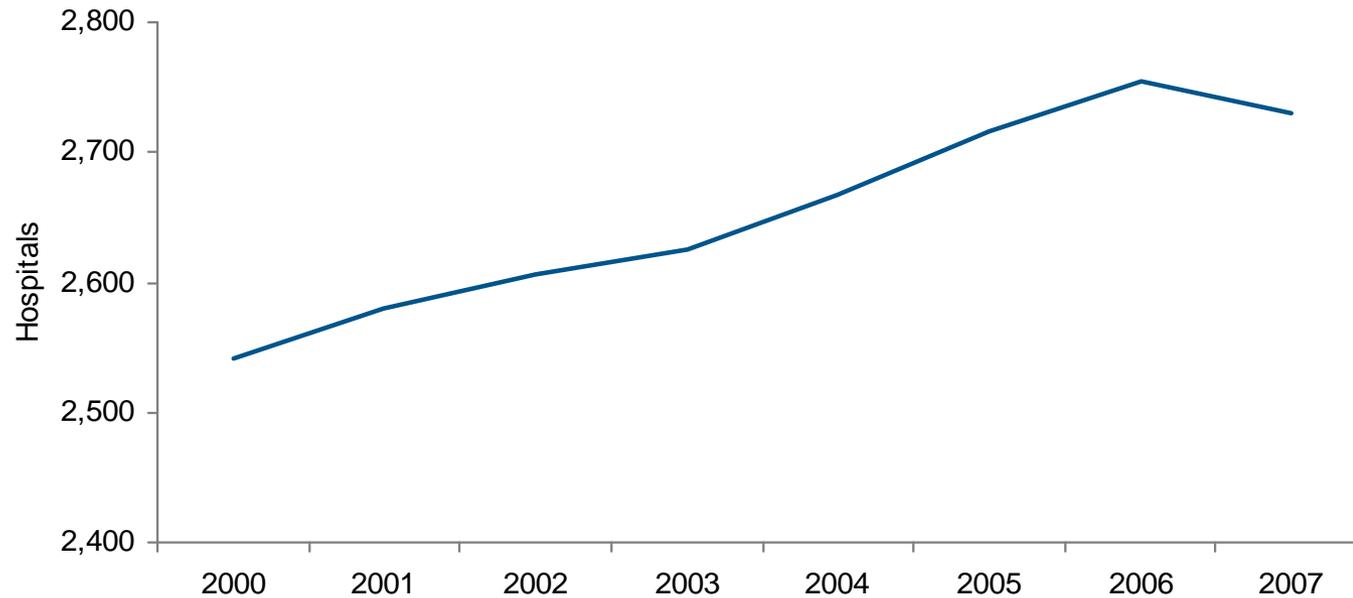
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

### Chart 2.3: Beds per 1,000 by State, 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.  
Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

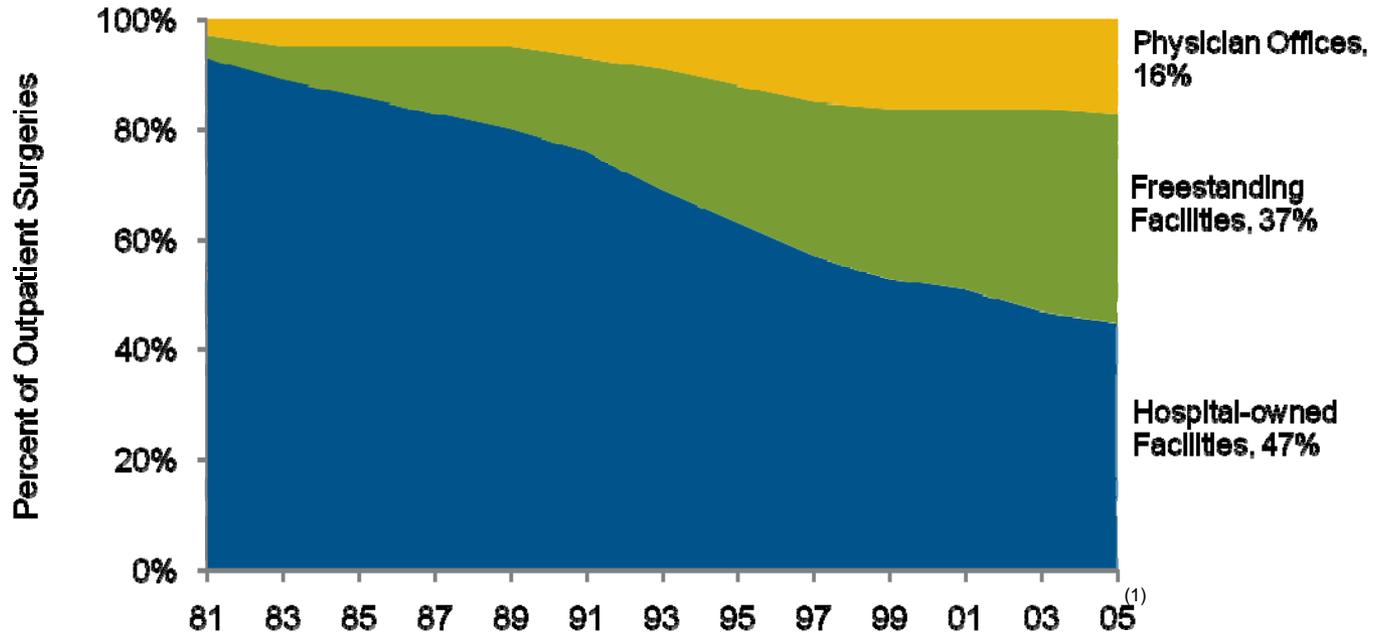
Chart 2.4: Number of Hospitals in Health Systems,<sup>(1)</sup> 2000 – 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Hospitals that are part of a corporate body that may own and/or manage health provider facilities or health-related subsidiaries as well as non-health-related facilities including freestanding and/or subsidiary corporations.

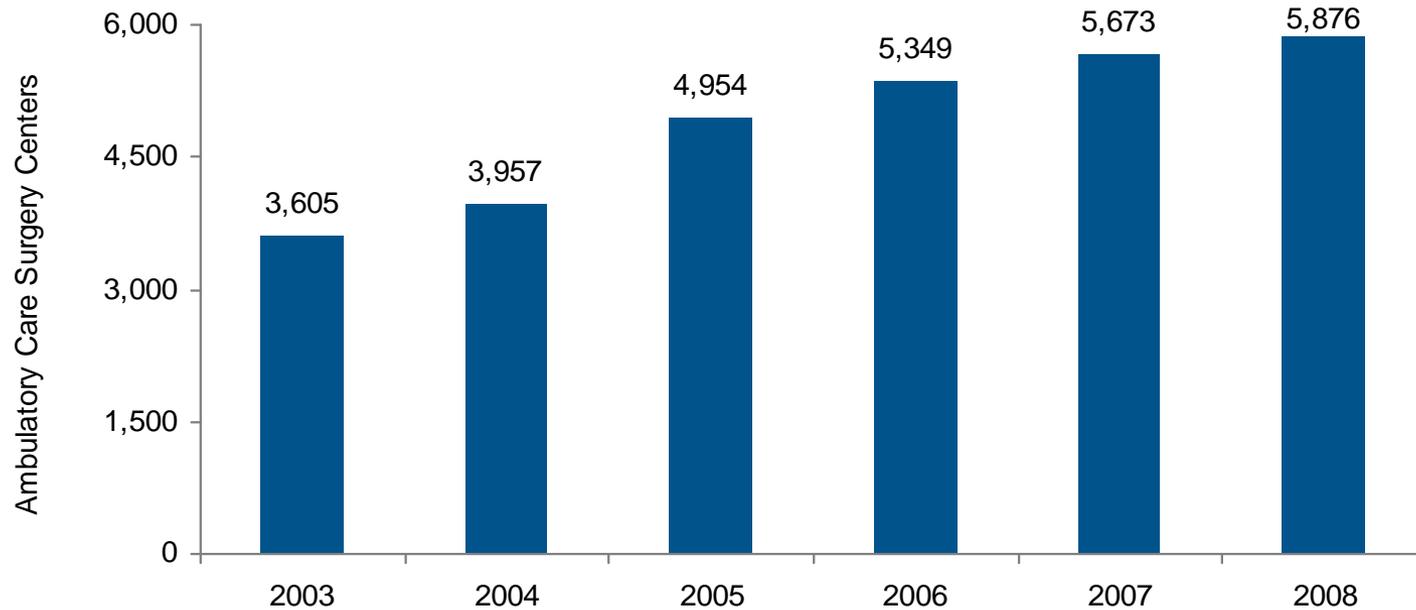
Chart 2.5: Percent of Outpatient Surgeries by Facility Type, 1981 – 2005



Source: Verispan, *Diagnostic Imaging Center Profiling Solution*, 2004.

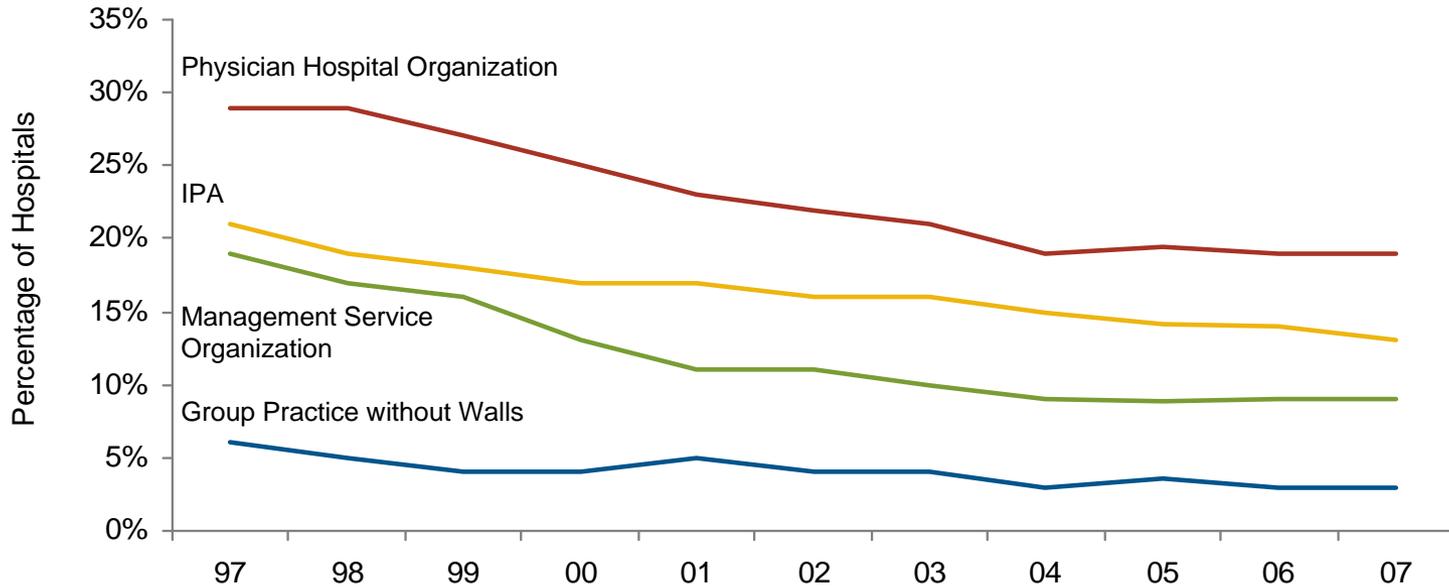
<sup>(1)</sup> 2005 values are estimated based upon current trends.

Chart 2.6: Number of Outpatient Surgery Centers, 2003 – 2008



Source: SDI. (2008). *2008 Outpatient Surgery Center Market Report*.

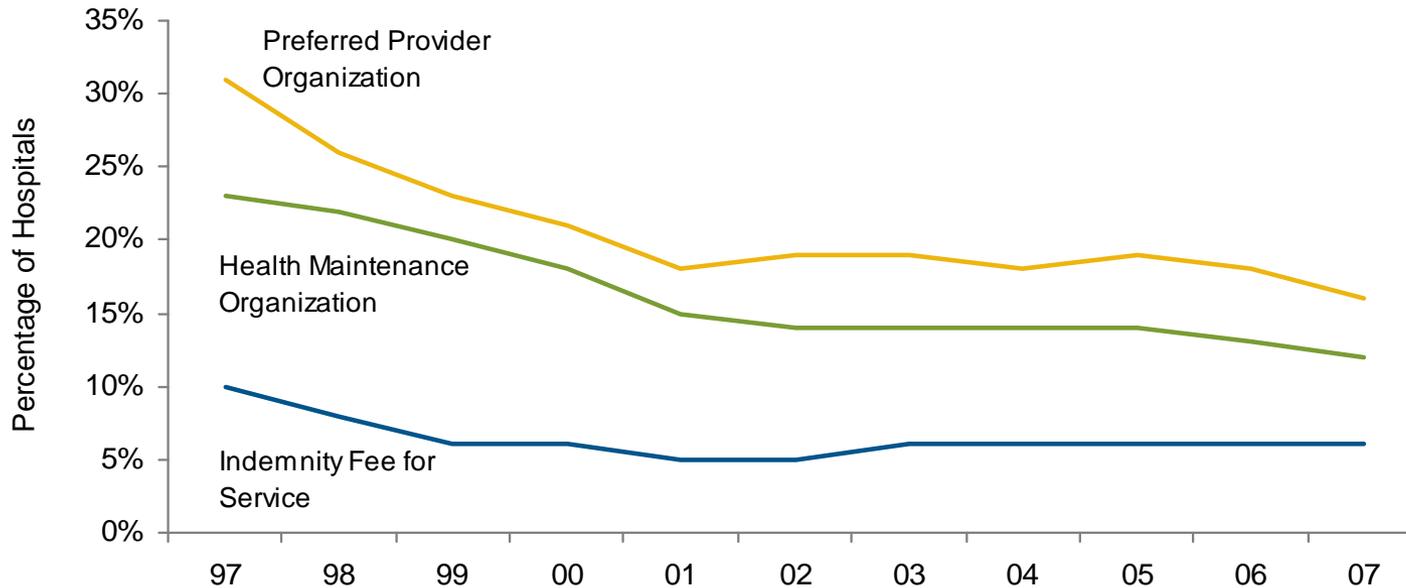
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

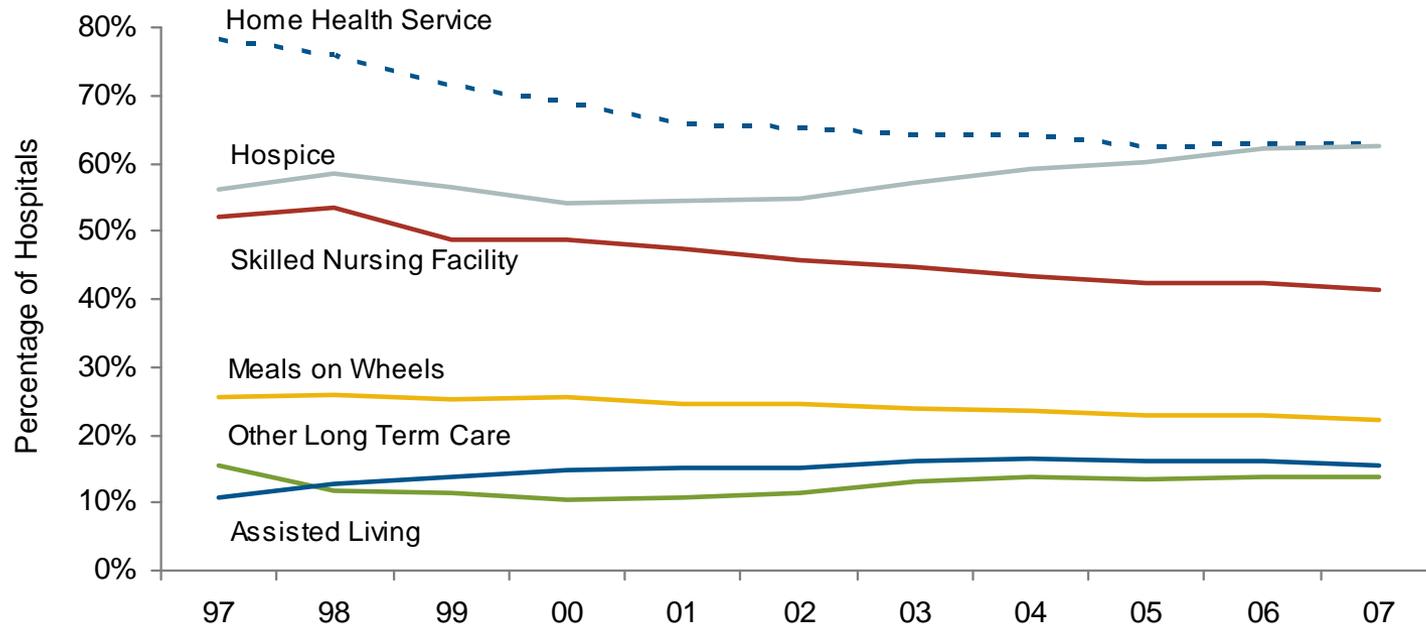
<sup>(1)</sup> A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

### Chart 2.8: Percentage of Hospitals with Insurance Products by Type of Insurance, 1997 – 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

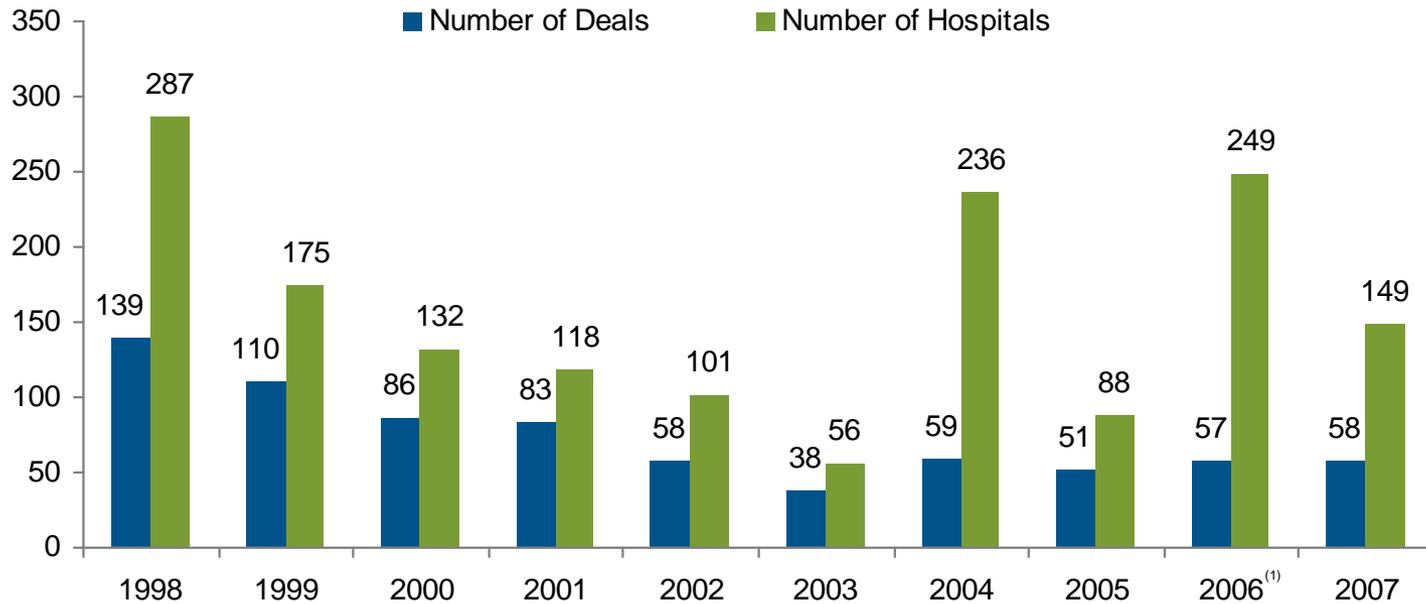
### Chart 2.9: Percentage of Hospitals Offering “Non-hospital” Services,<sup>(1)</sup> 1997 – 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

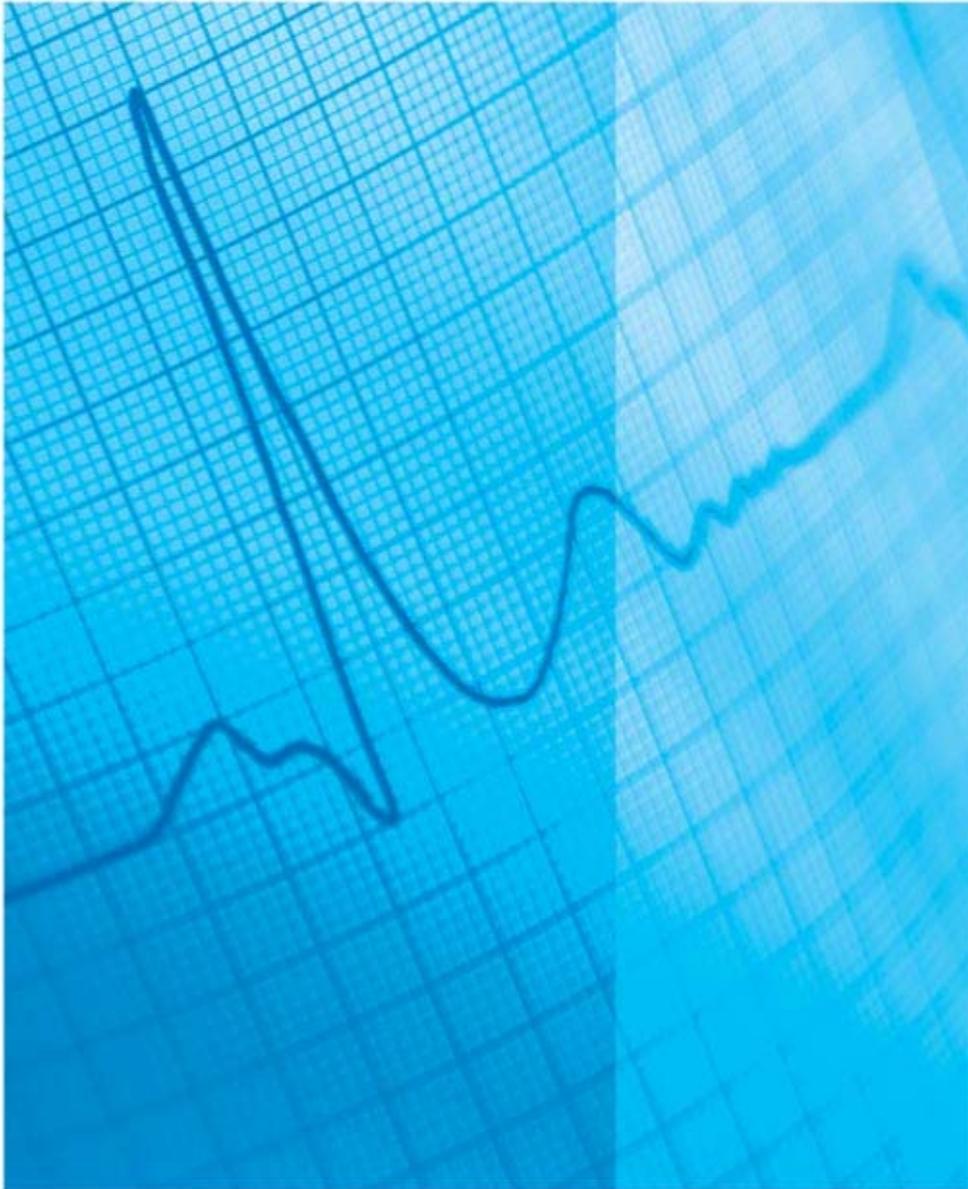
<sup>(1)</sup> Includes services offered in hospital, health system, network or joint venture.

### Chart 2.10: Announced Hospital Mergers and Acquisitions, 1998 – 2007



Source: Irving Levin Associates, Inc., *The Health Care Acquisition Report*, Thirteenth Edition, 2008.

<sup>(1)</sup> In 2006, the privatization of HCA, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.



# CHAPTER 3

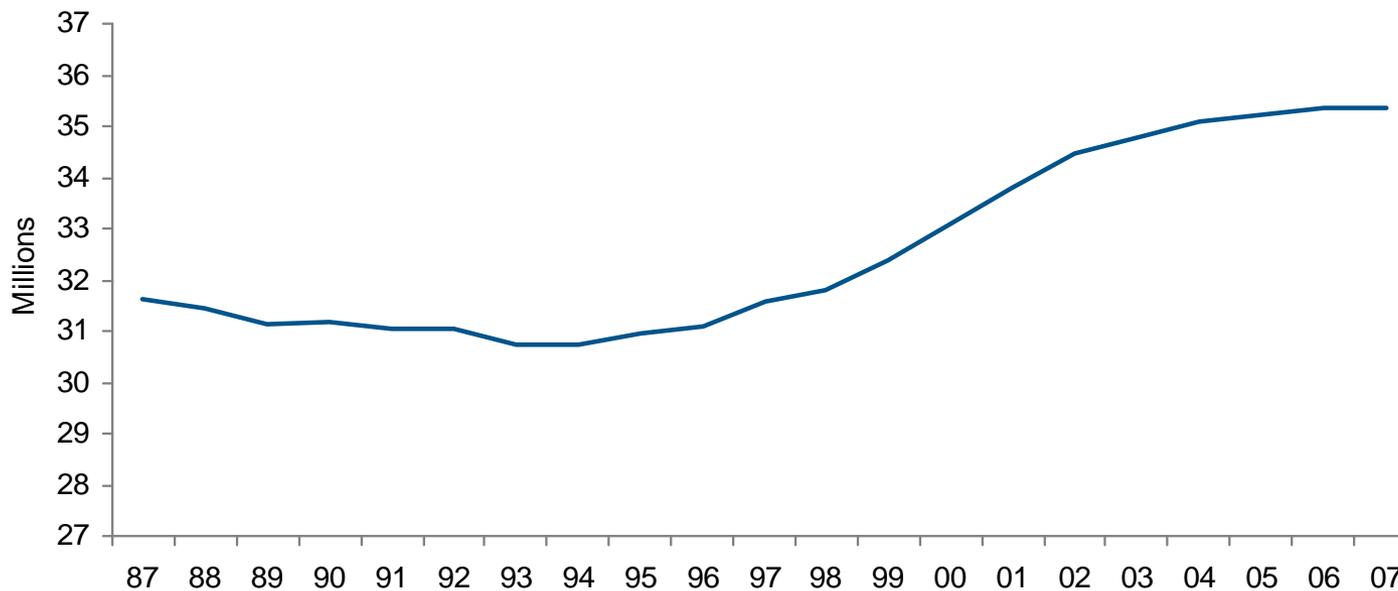
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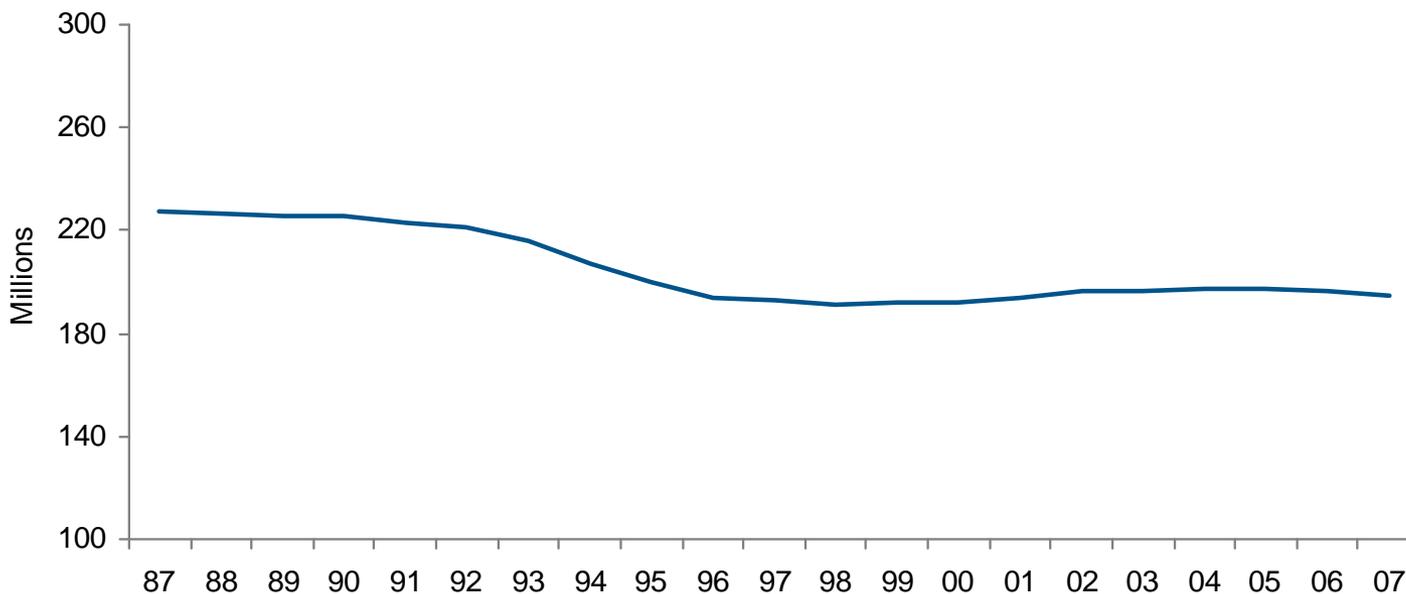
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### Chart 3.1: Inpatient Admissions in Community Hospitals, 1987 – 2007



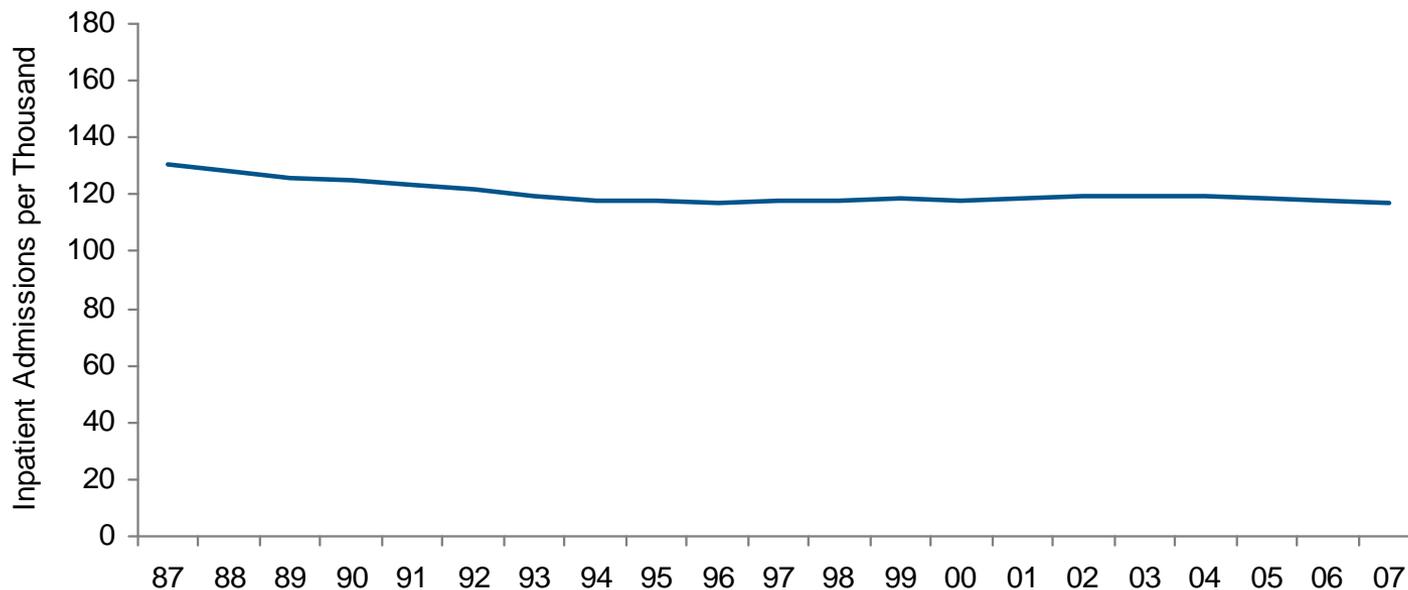
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

### Chart 3.2: Total Inpatient Days in Community Hospitals, 1987 – 2007



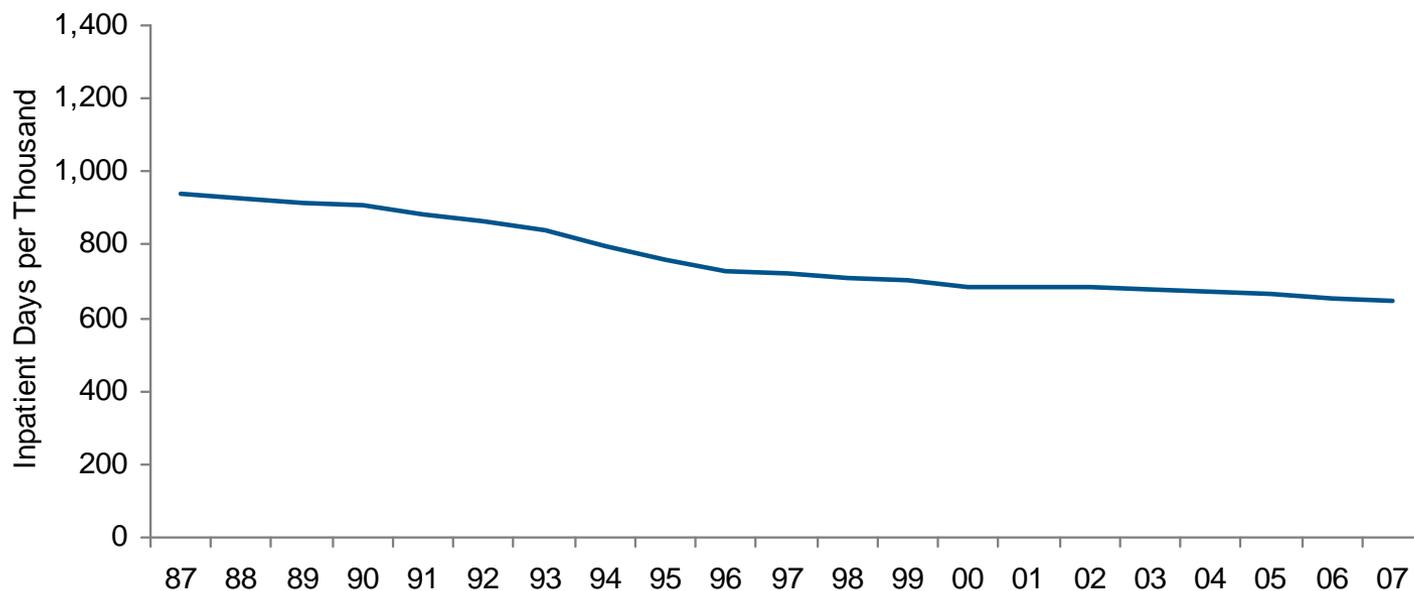
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

### Chart 3.3: Inpatient Admissions per 1,000 Persons, 1987 – 2007



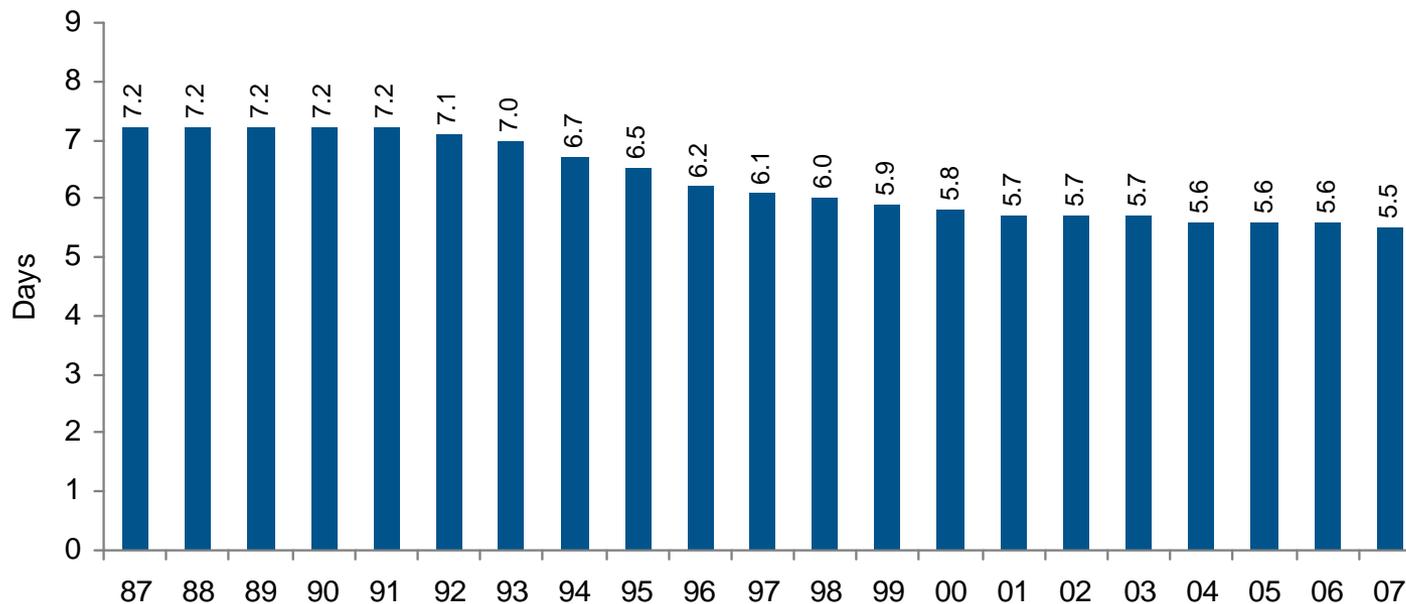
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.  
Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

### Chart 3.4: Inpatient Days per 1,000 Persons, 1987 – 2007



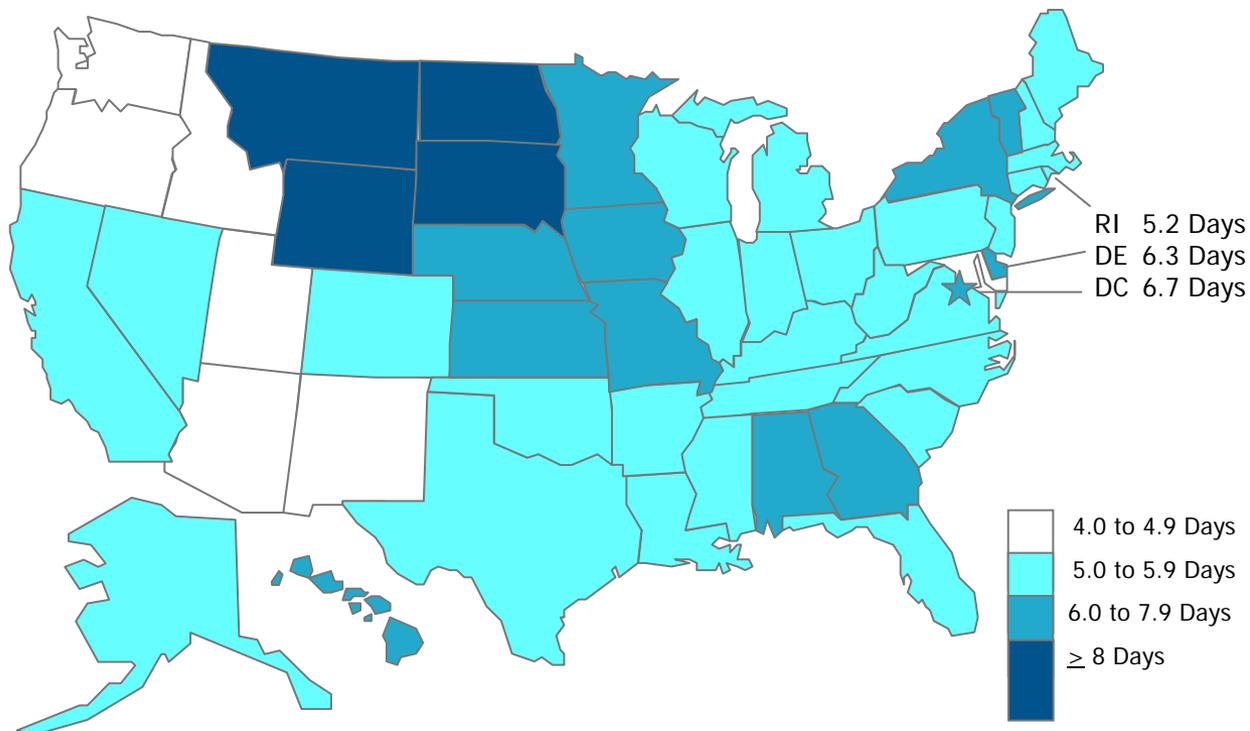
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.  
Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

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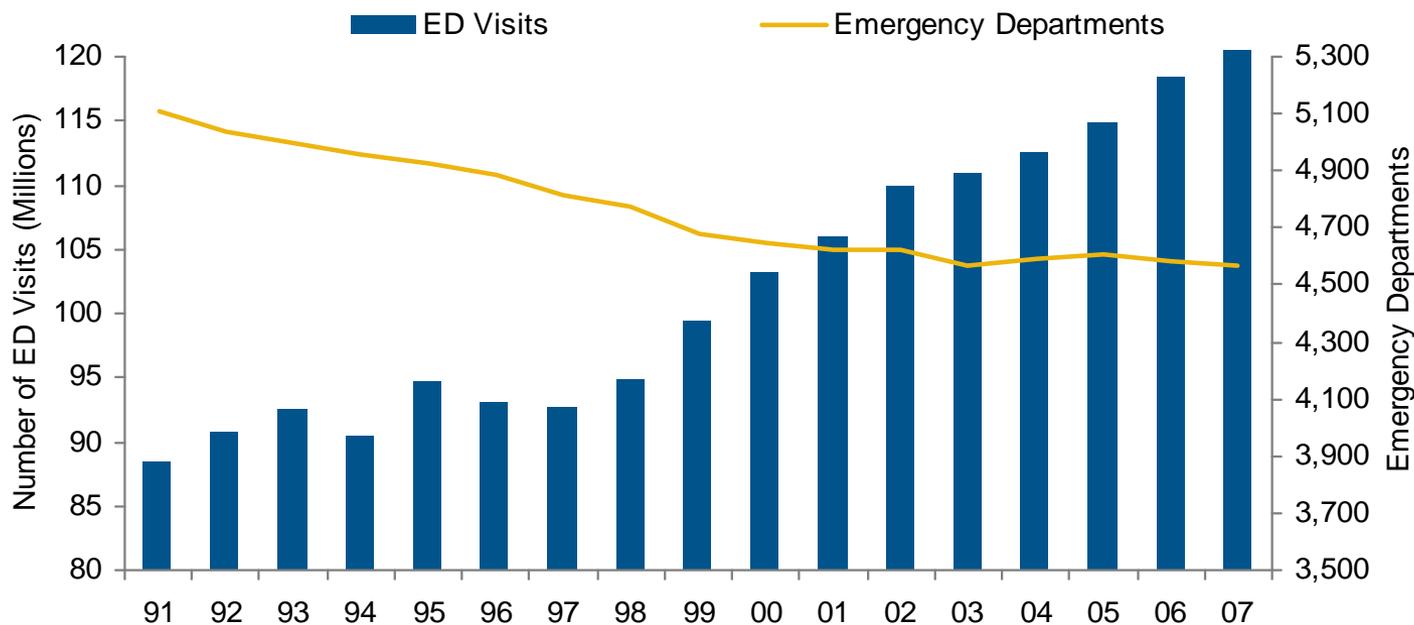
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

### Chart 3.6: Average Length of Stay in Community Hospitals by State, 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

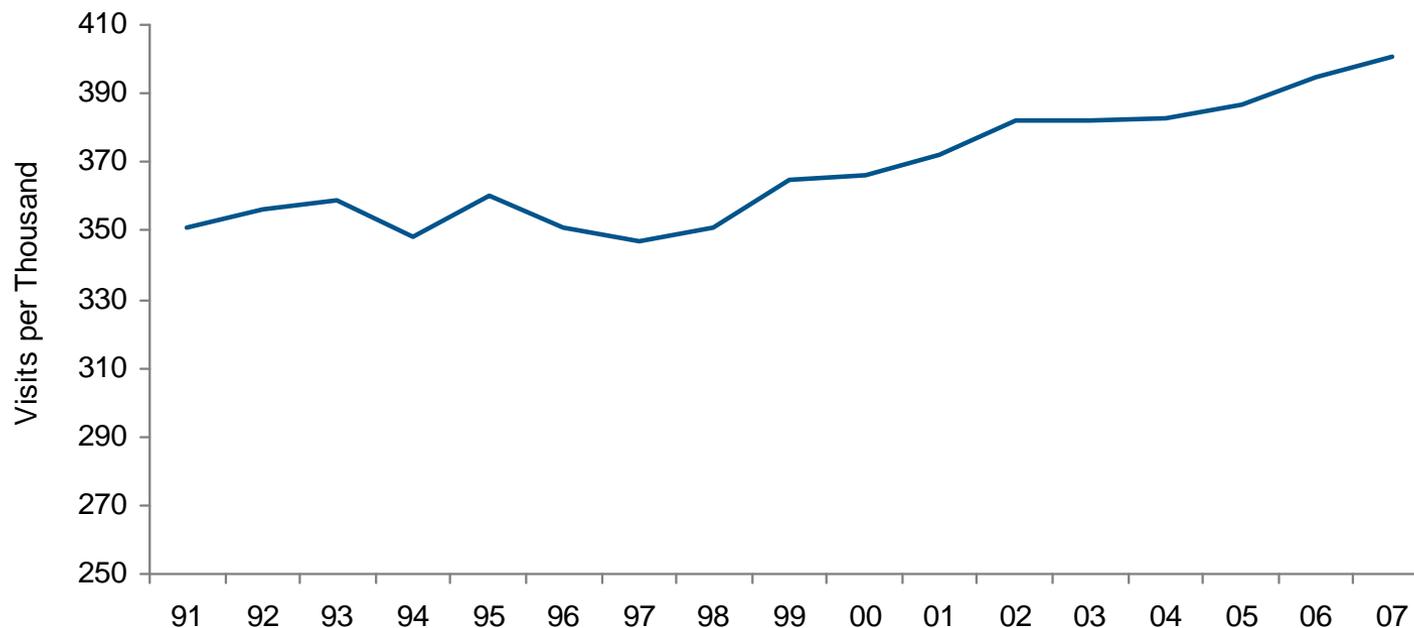
Chart 3.7: Emergency Department Visits and Emergency Departments<sup>(1)</sup> in Community Hospitals, 1991 – 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

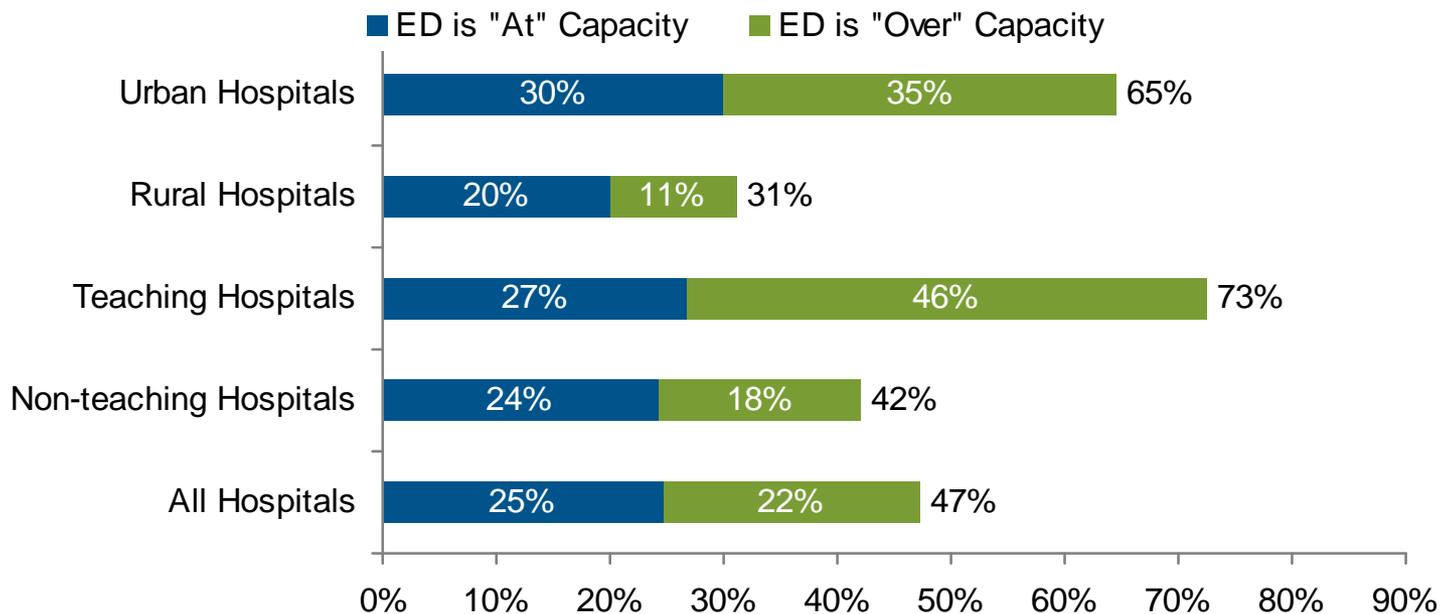
<sup>(1)</sup> Defined as hospitals reporting ED visits in 2005 AHA Annual Survey.

### Chart 3.8: Hospital Emergency Department Visits per 1,000 Persons, 1991 – 2007



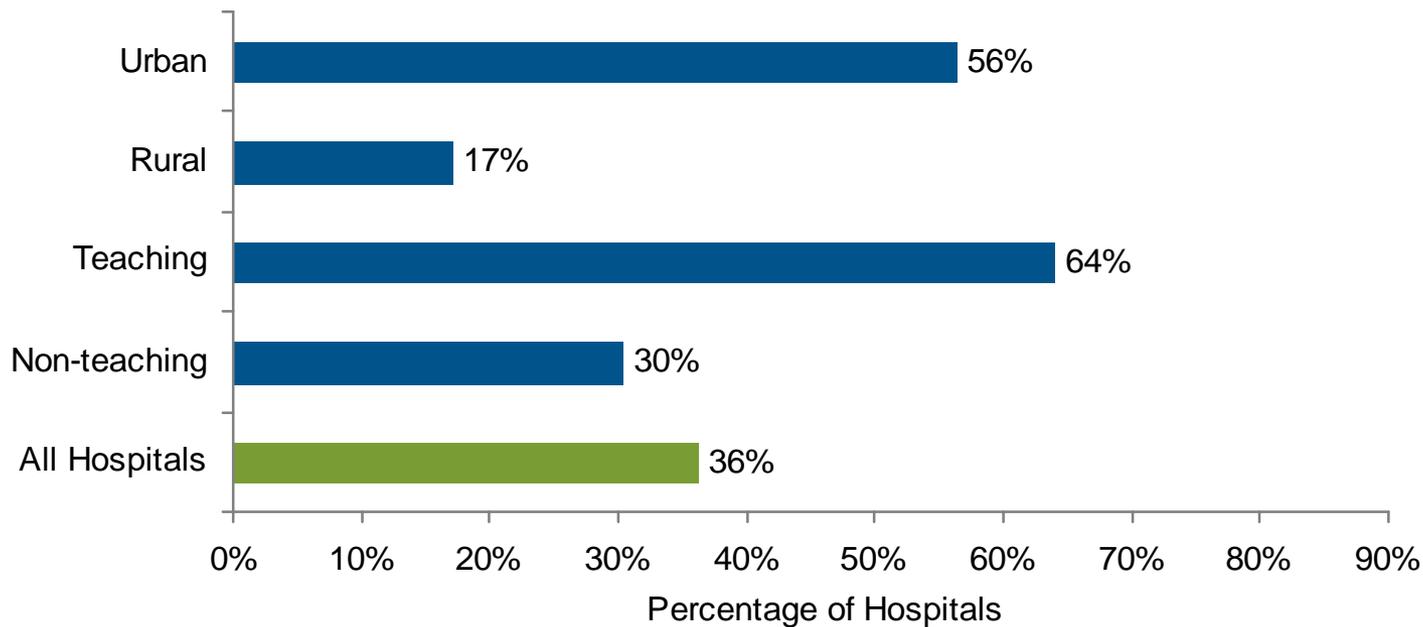
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.  
Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

### Chart 3.9: Percent of Hospitals Reporting Emergency Department Capacity Issues by Type of Hospital, 2007



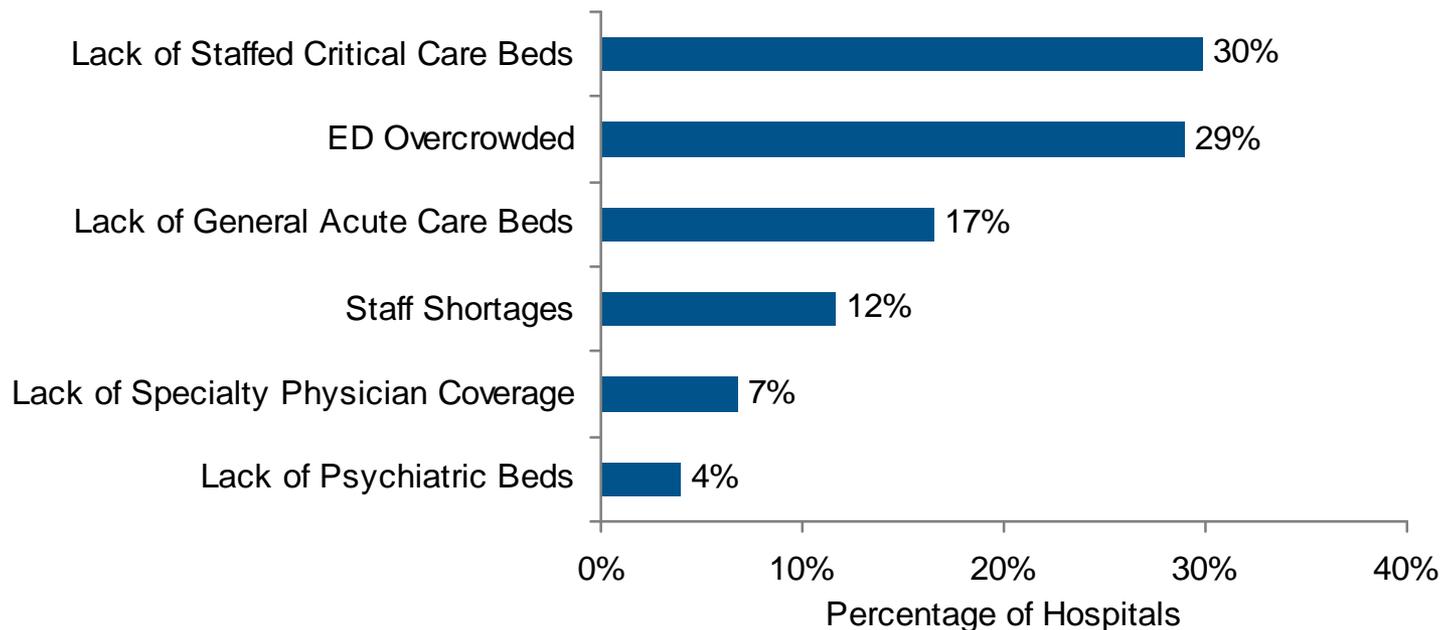
Source: American Hospital Association 2007 Survey of Hospital Leaders.

### Chart 3.10: Percent of Hospitals Reporting Time on Ambulance Diversion in Last 12 Months



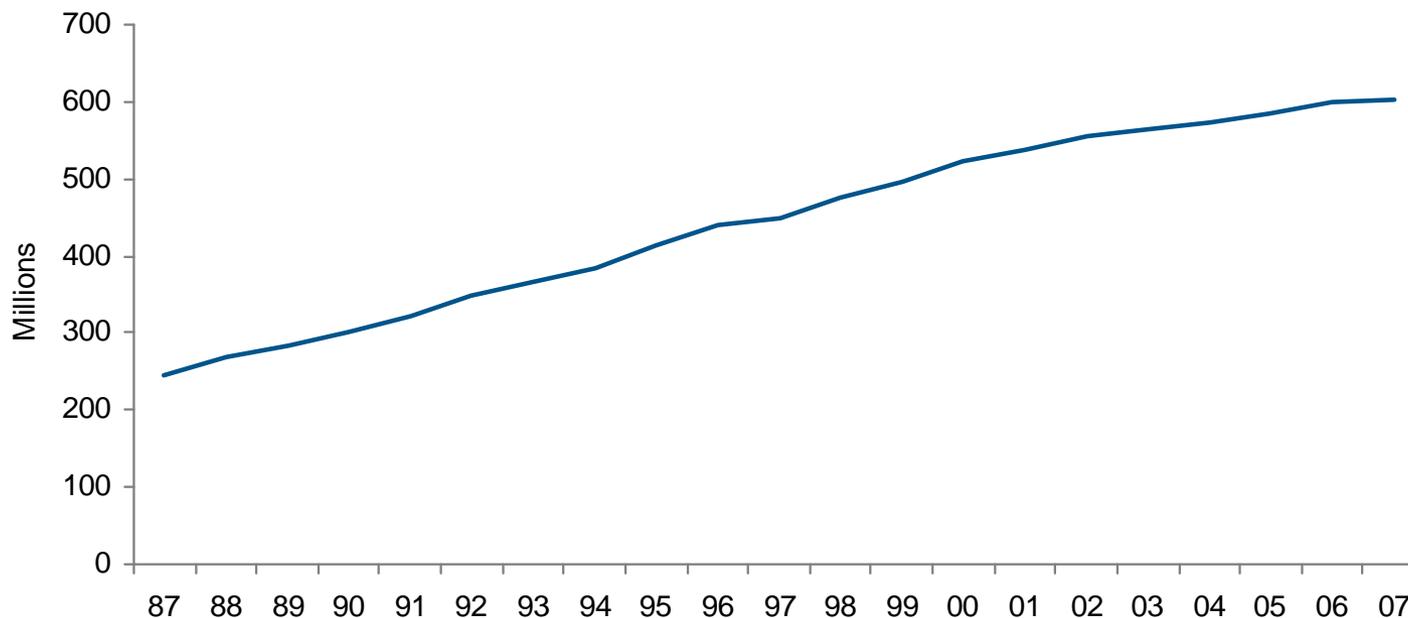
Source: American Hospital Association 2007 Survey of Hospital Leaders.

### Chart 3.11: Conditions Hospitals Reported as Number One Factor Contributing to Ambulance Diversions, January 2007



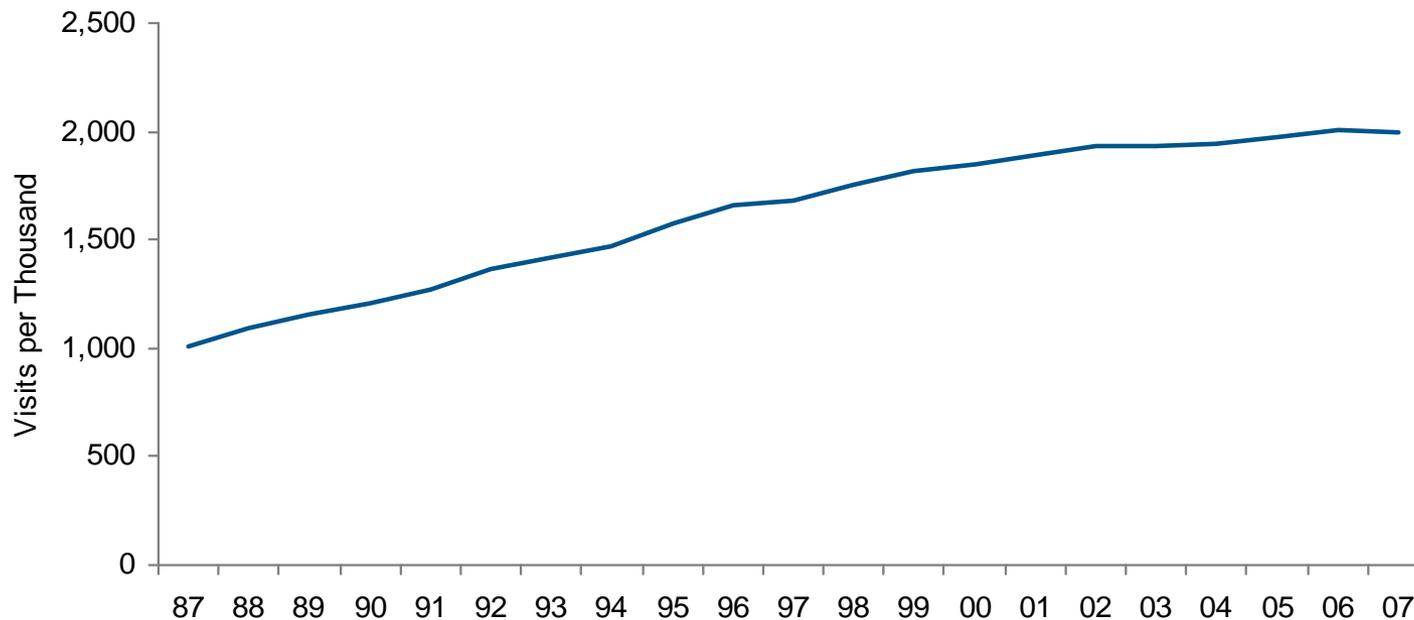
Source: American Hospital Association 2007 Survey of Hospital Leaders.

### Chart 3.12: Total Hospital Outpatient Visits in Community Hospitals, 1987 – 2007



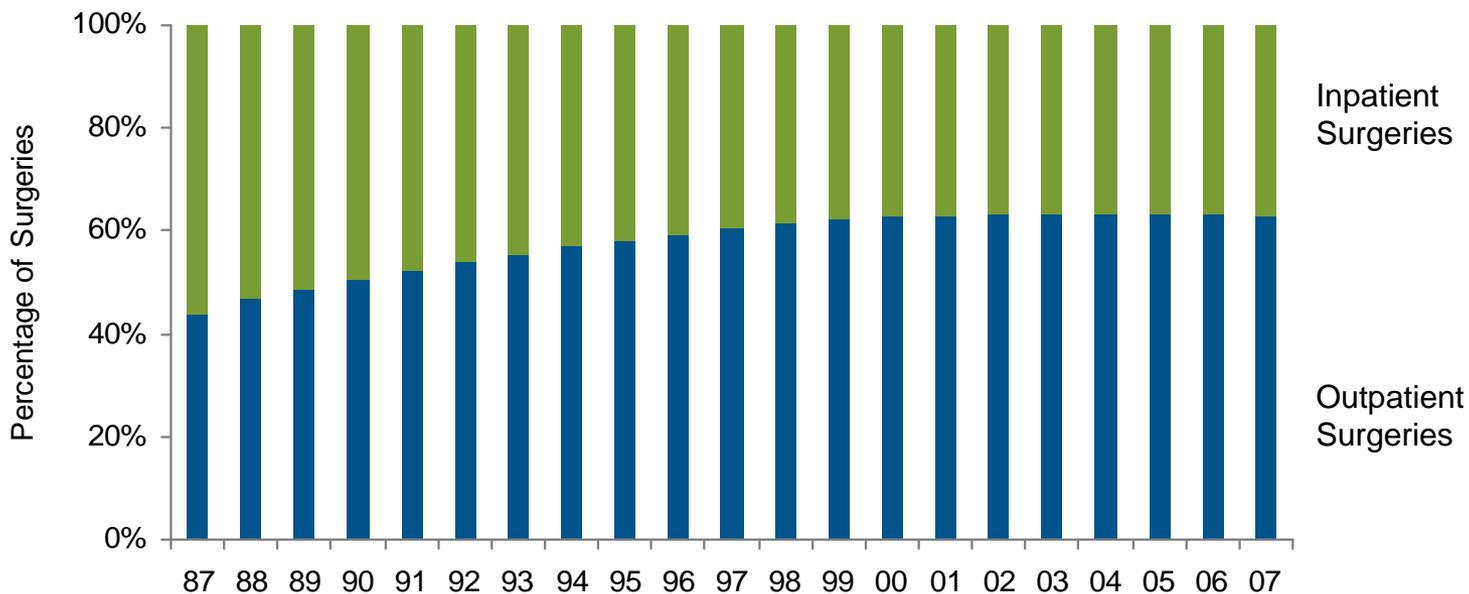
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

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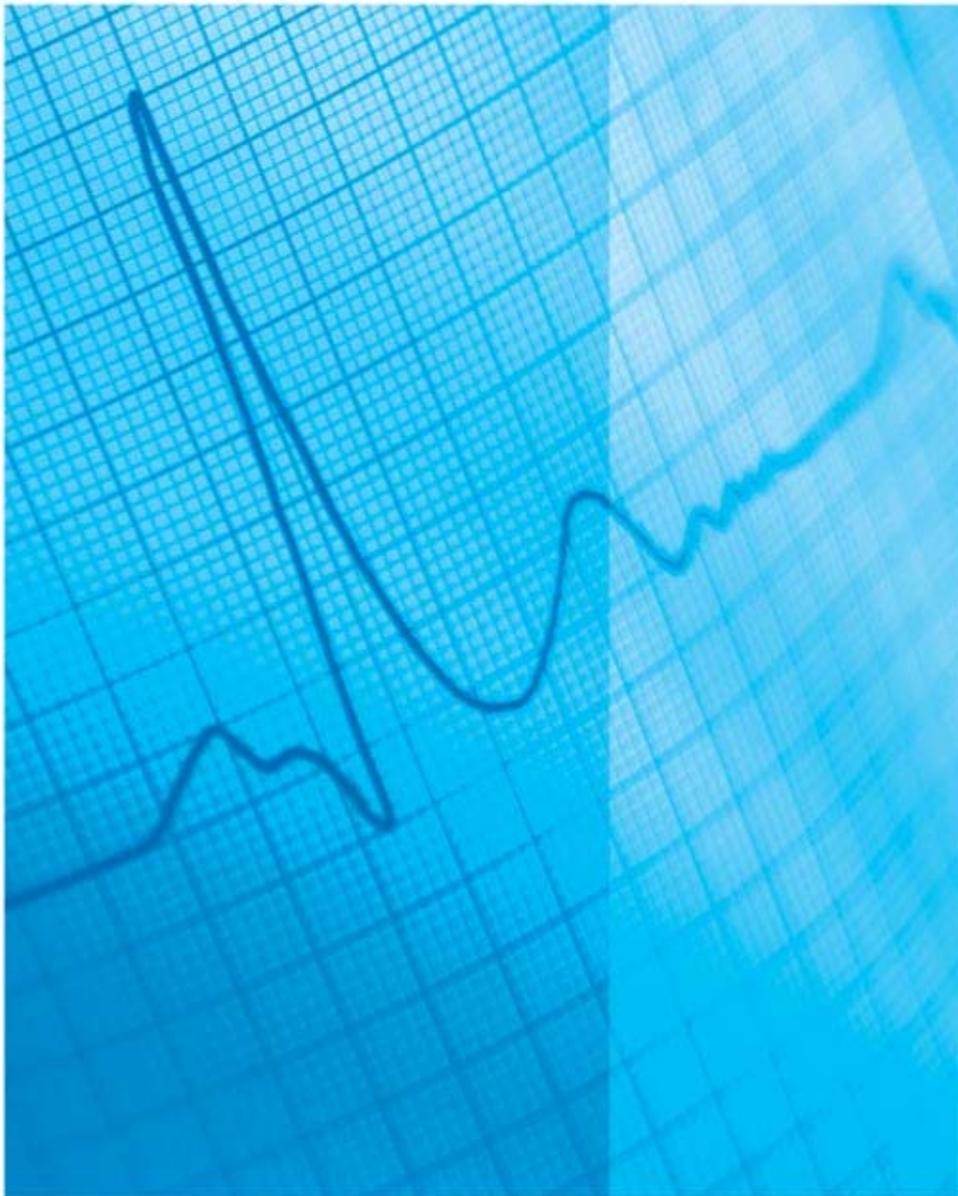


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.  
Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

### Chart 3.14: Percentage Share of Inpatient vs. Outpatient Surgeries, 1987 – 2007



Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.



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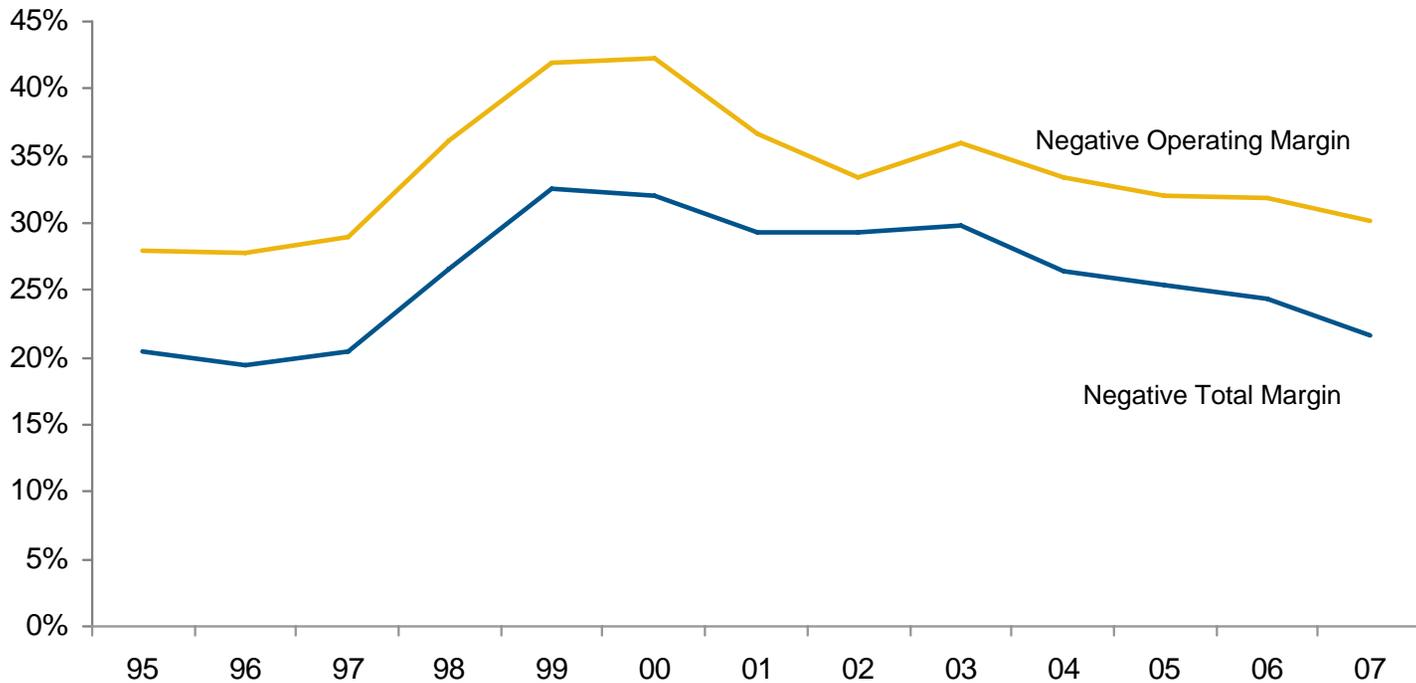
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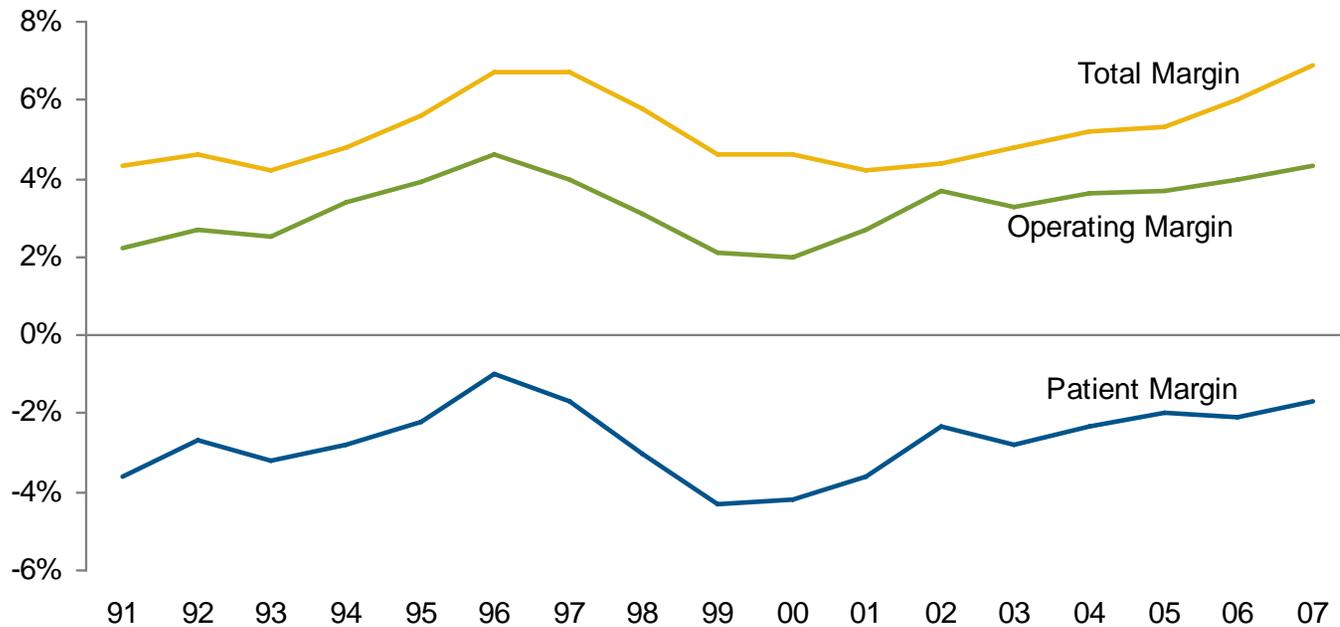
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

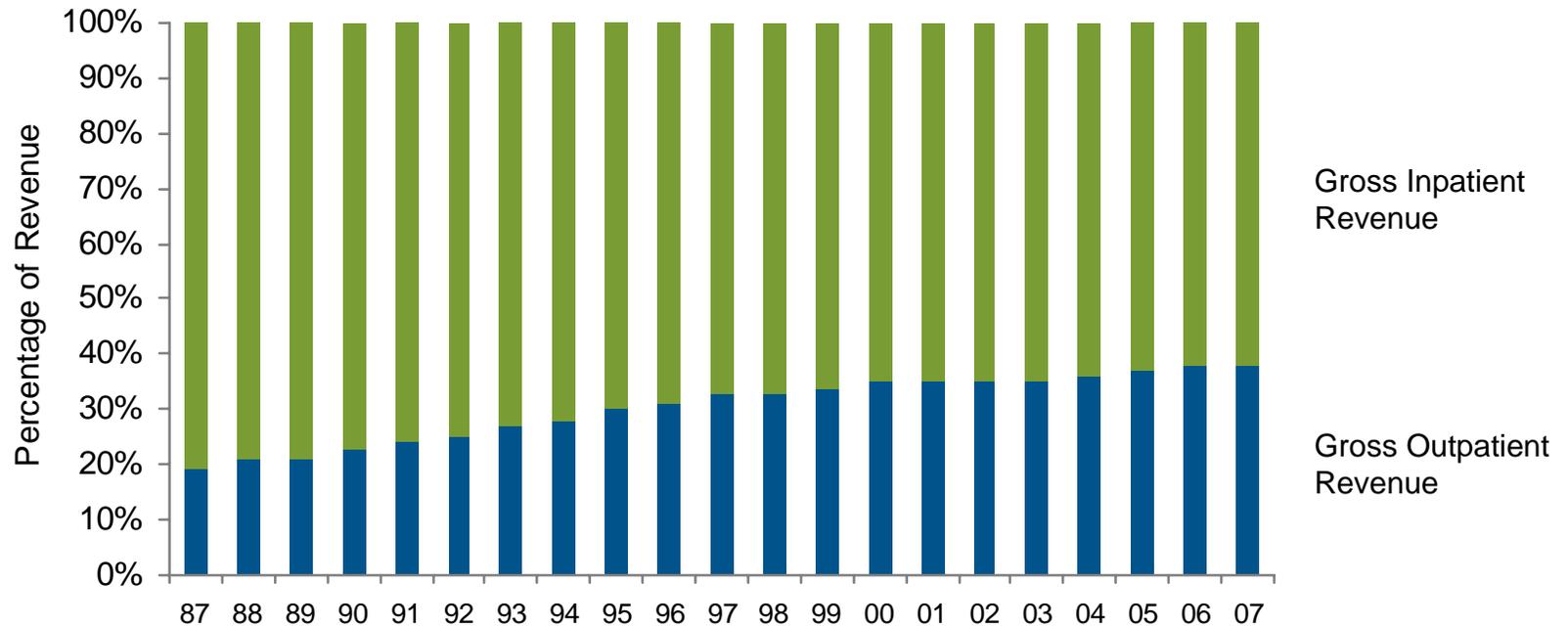
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

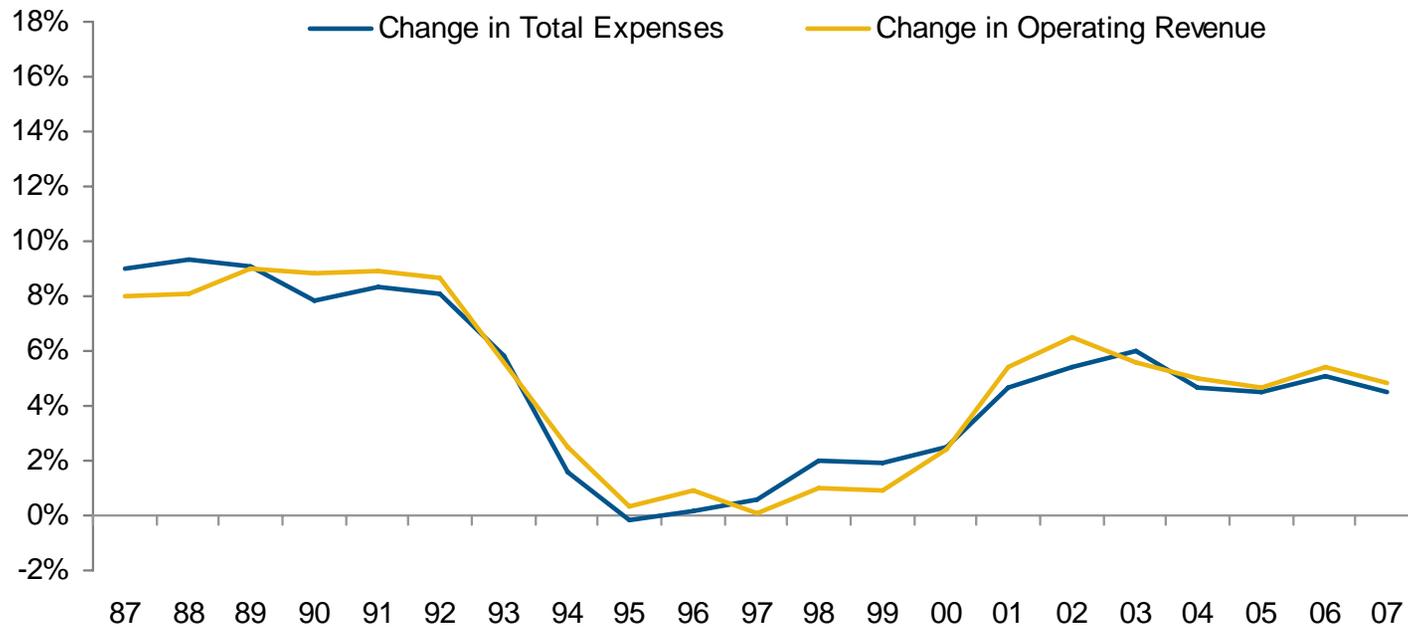
- (1) Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.
- (2) Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.
- (3) Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

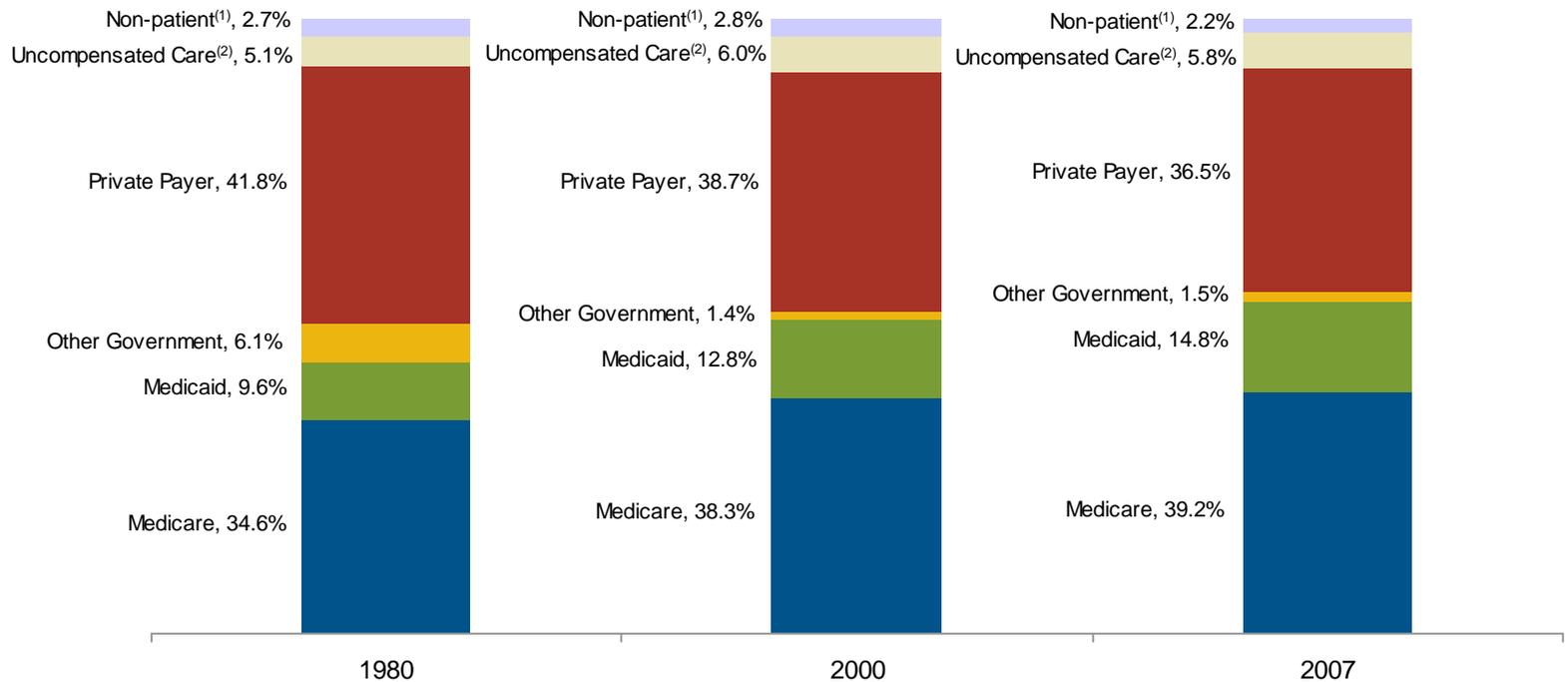
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

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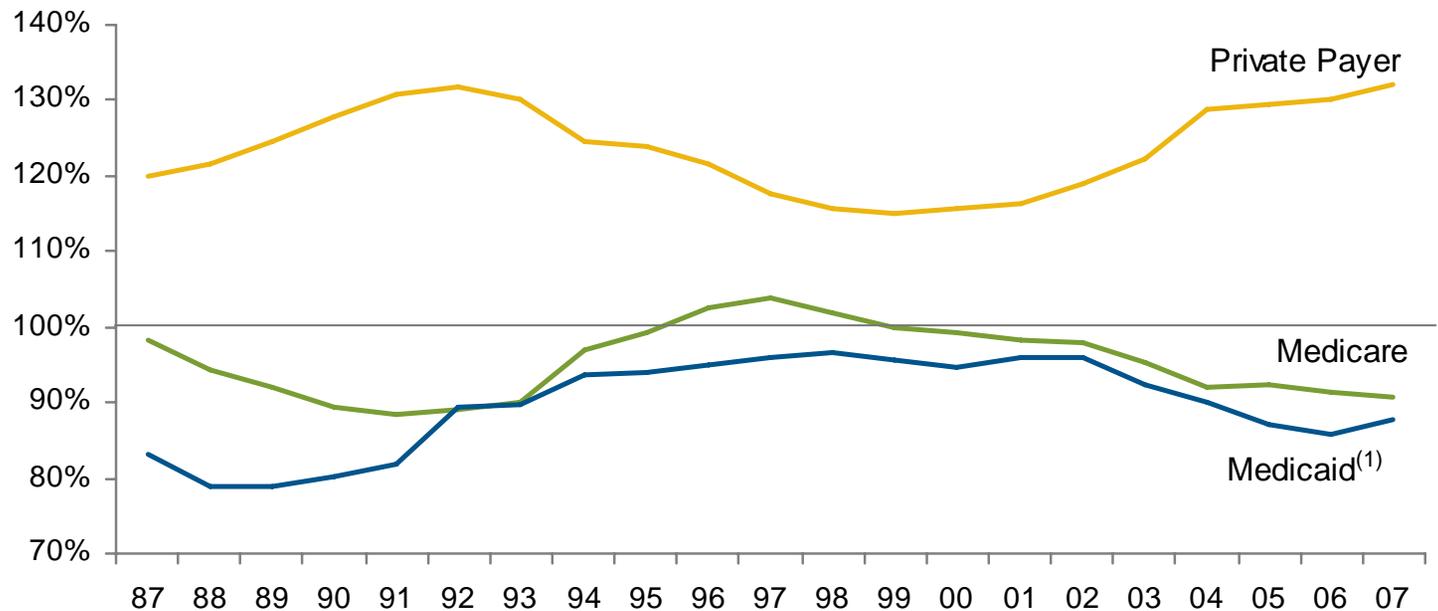


Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Non-patient represents costs for cafeterias, parking lots, gift shops and other non-patient care operating services and are not attributed to any one payer.

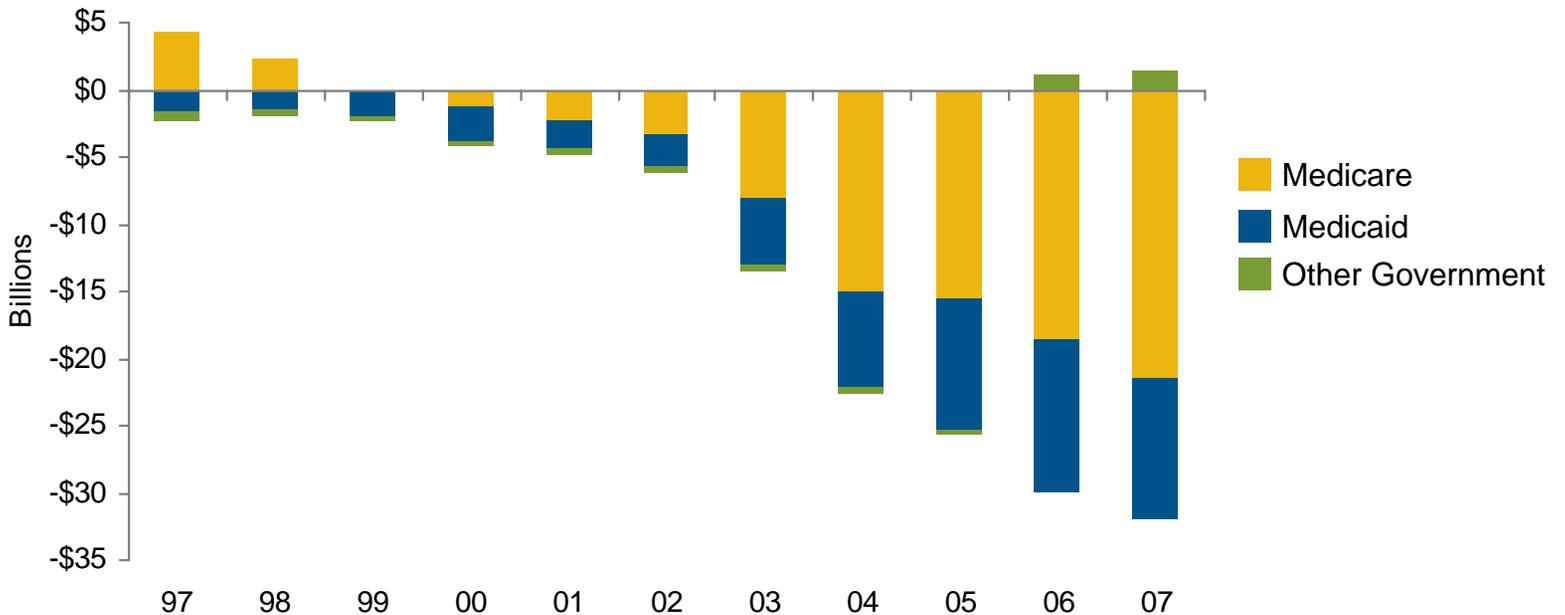
<sup>(2)</sup> Uncompensated care represents bad debt expense and charity care, at cost.

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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.  
<sup>(1)</sup> Includes Medicaid Disproportionate Share payments.

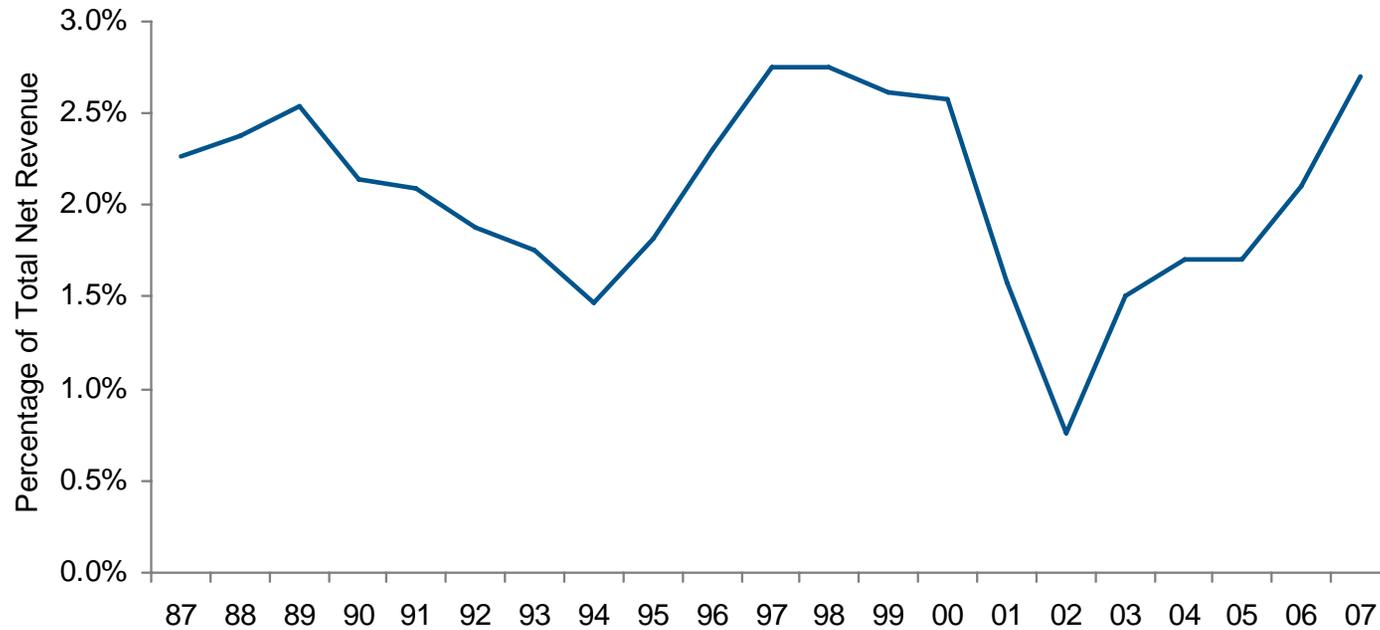
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Costs reflect a cap of 1.0 on the cost-to-charge ratio.

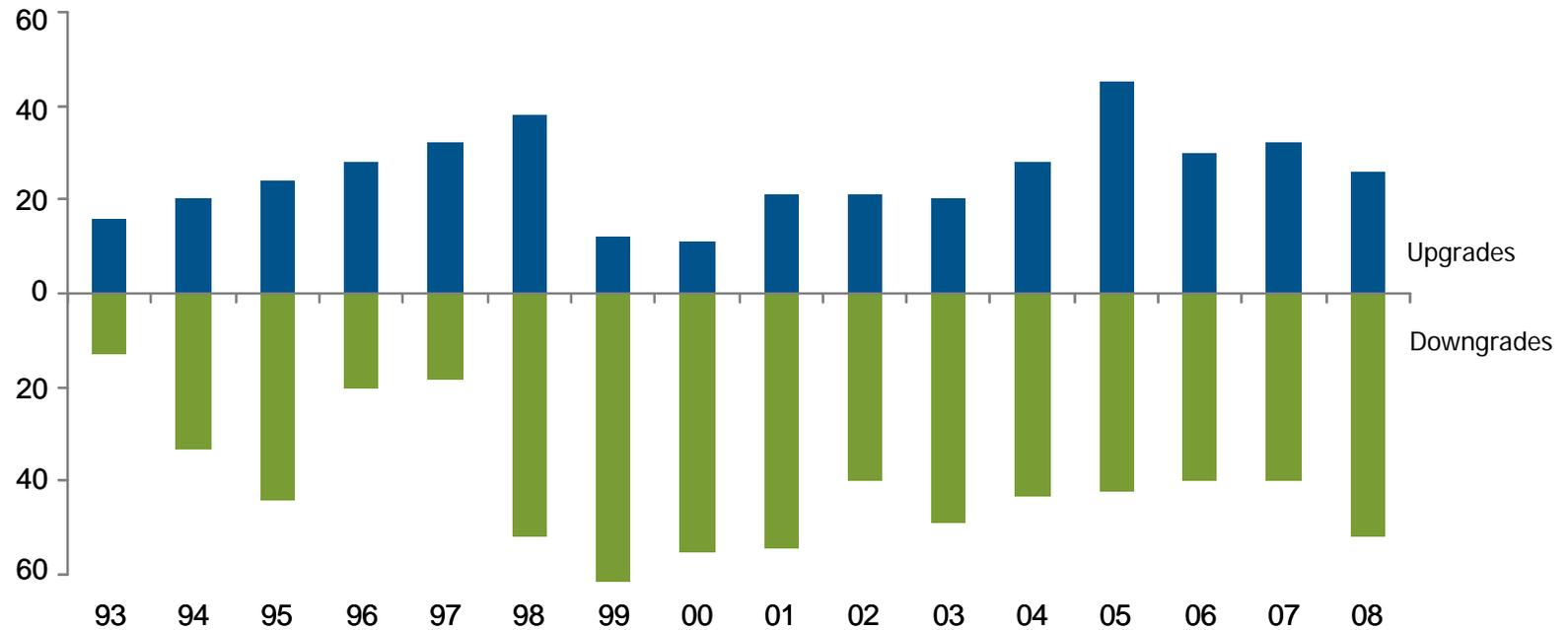
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

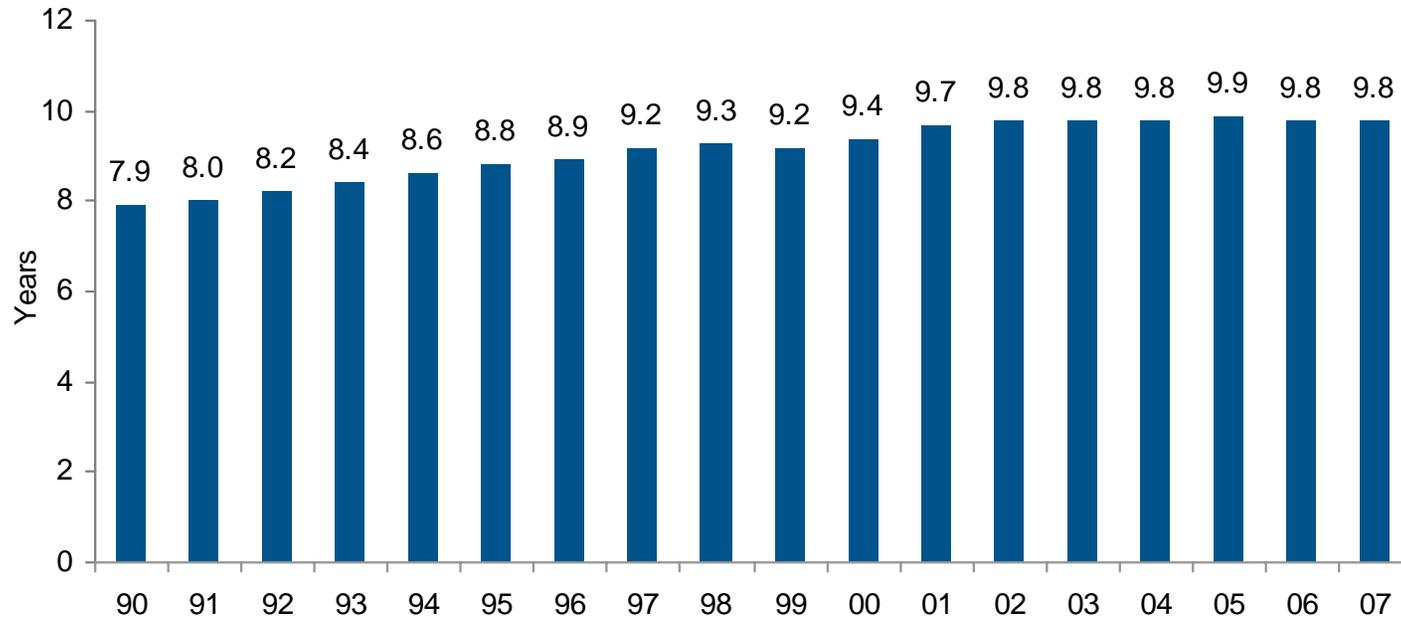
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Source: Moody's U.S. Public Finance. *Moody's Not-for-Profit Healthcare 2008 Year End Ratings Monitor*.  
Data released January 2009.

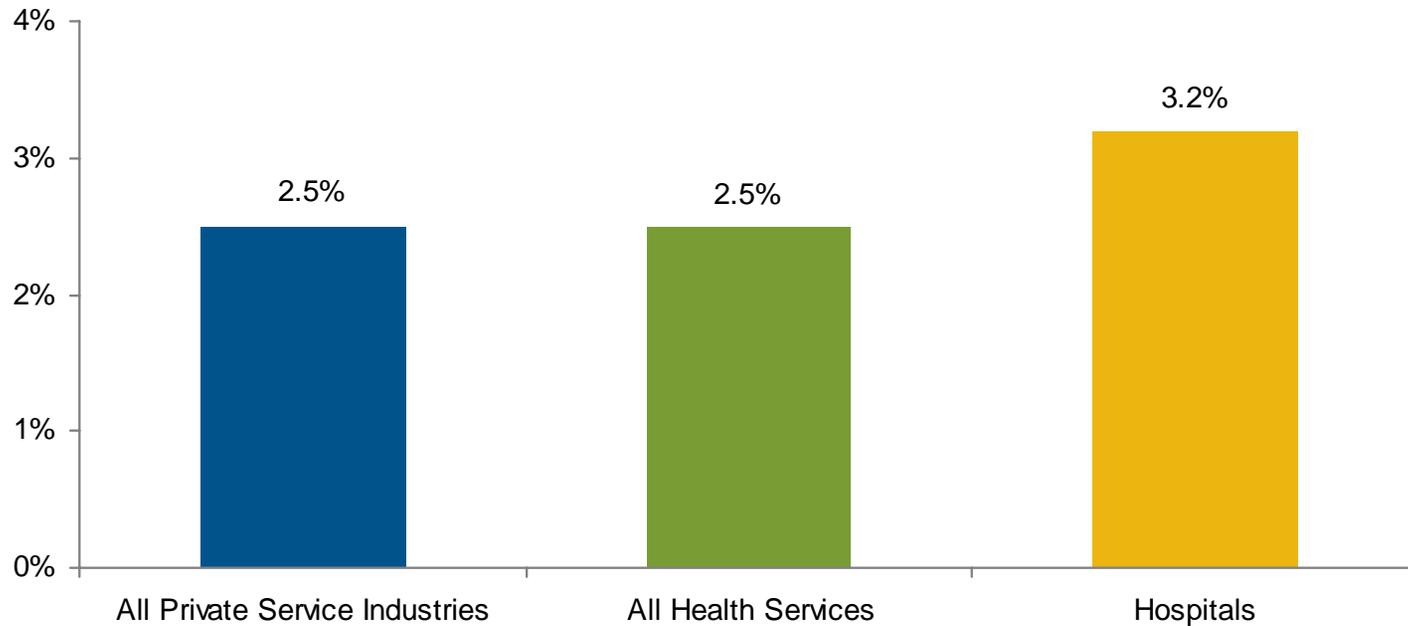
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Source: Ingenix, *Almanac of Hospital Financial and Operating Indicators*, 2005, 2008, and 2009 and CHIPS, *The Almanac of Hospital and Financial Operating Indicators*, 1994 and 1996-7.

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Source: Bureau of Labor Statistics, Employment Cost Index, 12 months ending December 2008. [www.bls.gov](http://www.bls.gov).

<sup>(1)</sup> Total compensation.

<sup>(2)</sup> Data are for 12 months ending December 2008.



# CHAPTER 5

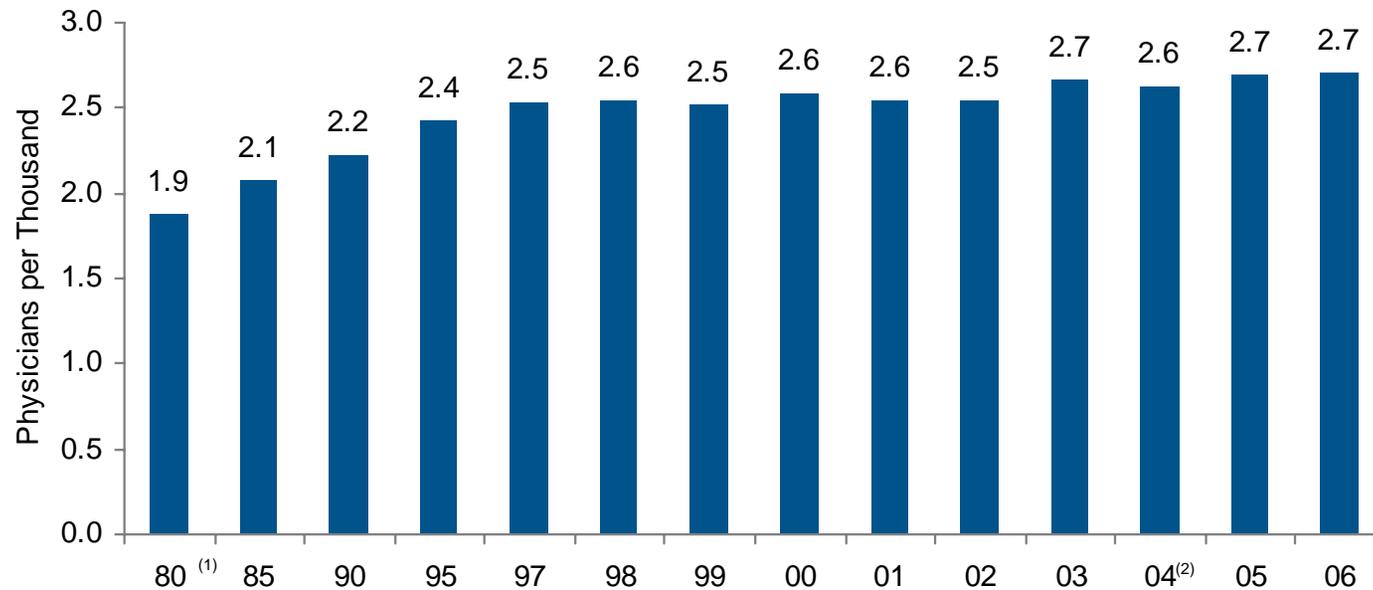
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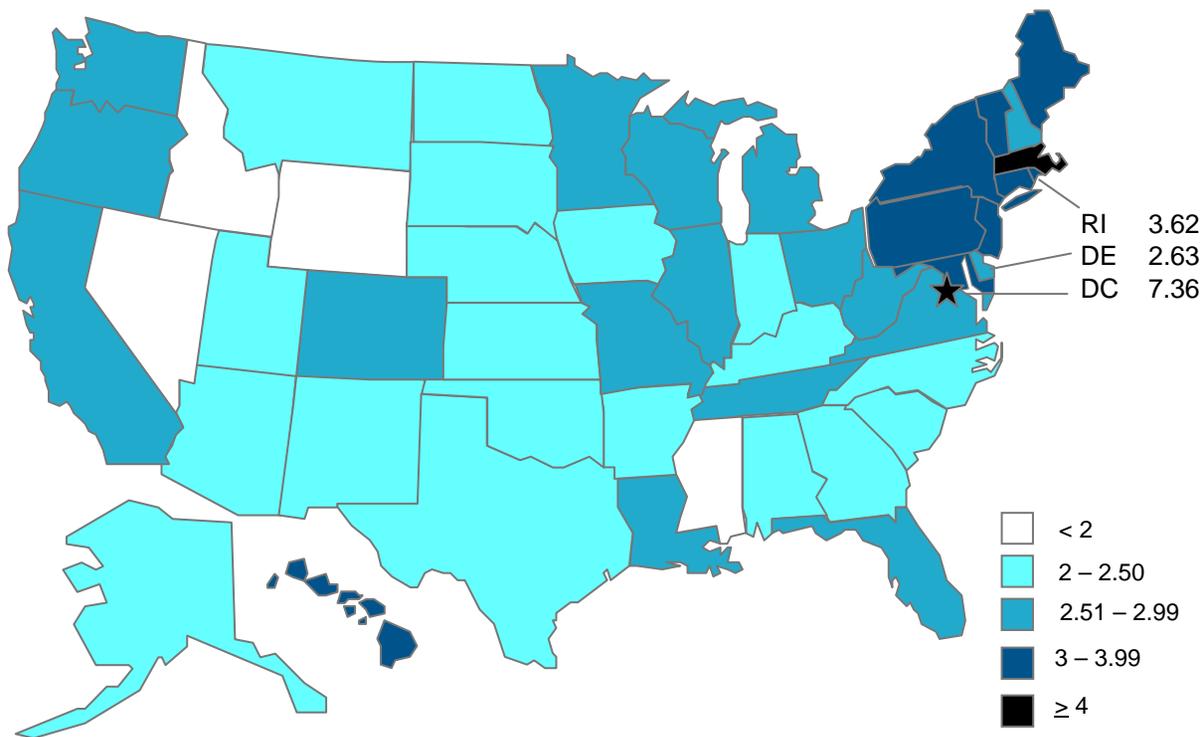


Source: National Center for Health Statistics. *Health, United States, 1982, 1996-97, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> 1980 does not include doctors of osteopathy.

<sup>(2)</sup> 2004 and later years include both federal and non-federal physicians. Prior to 2003, data included non-federal physicians only.

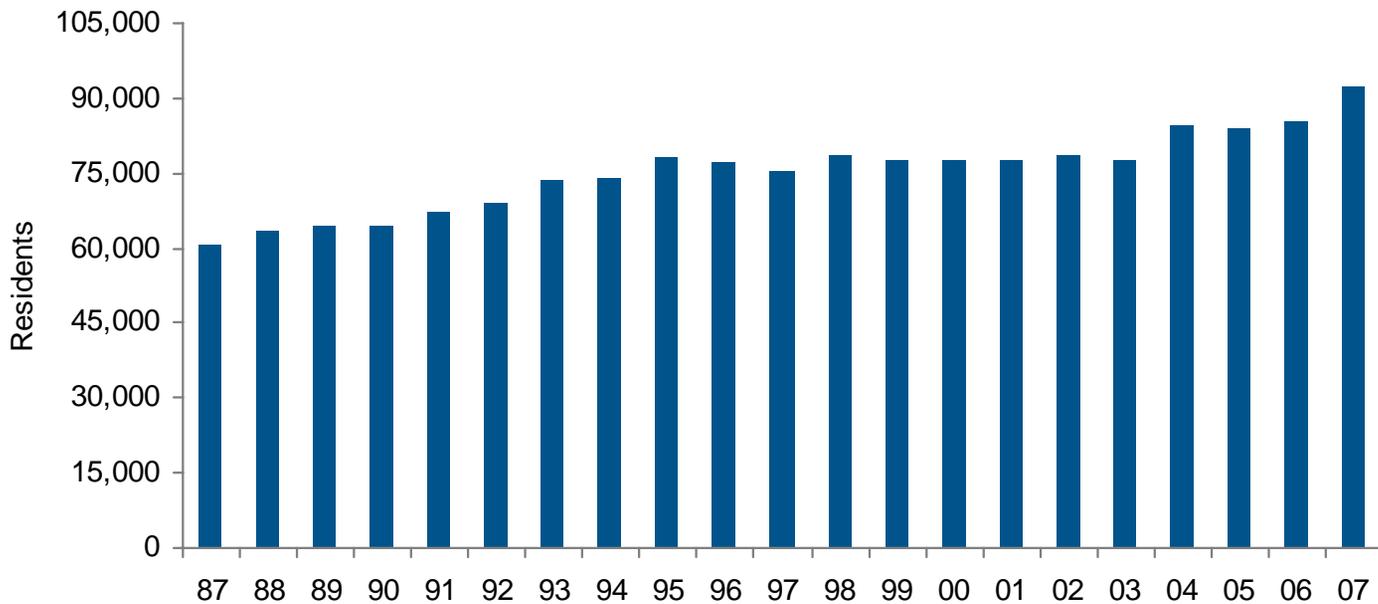
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Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

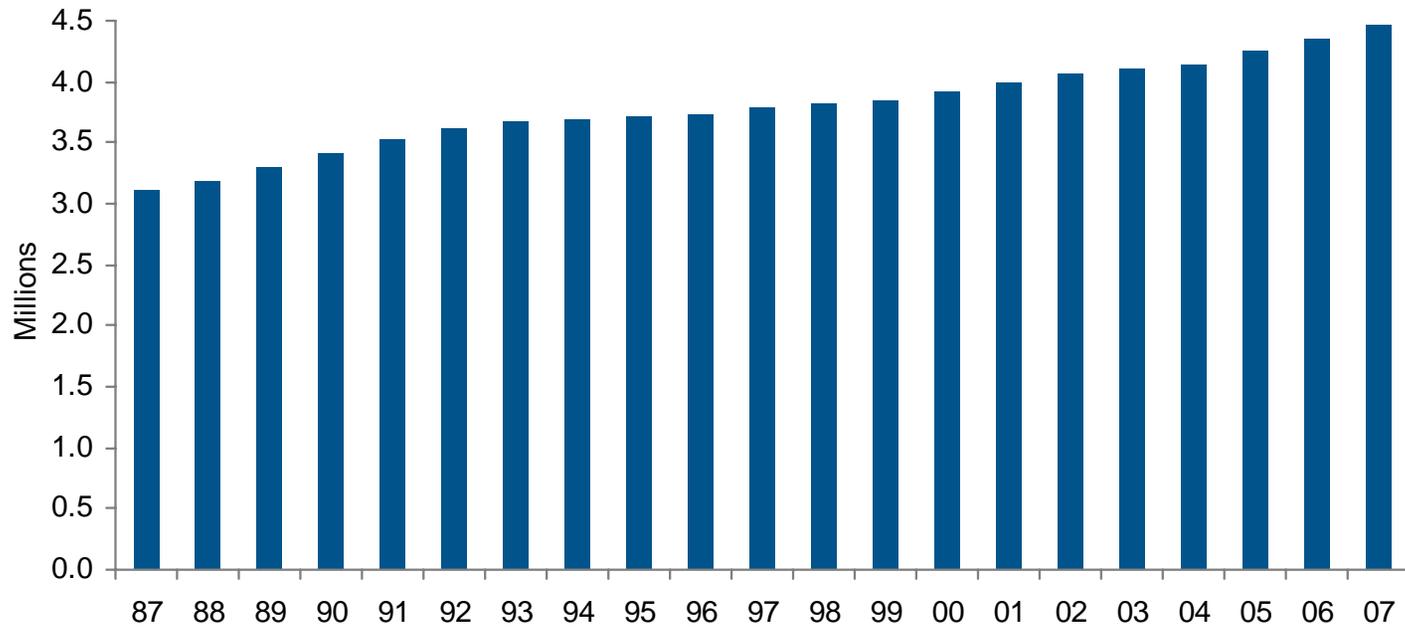
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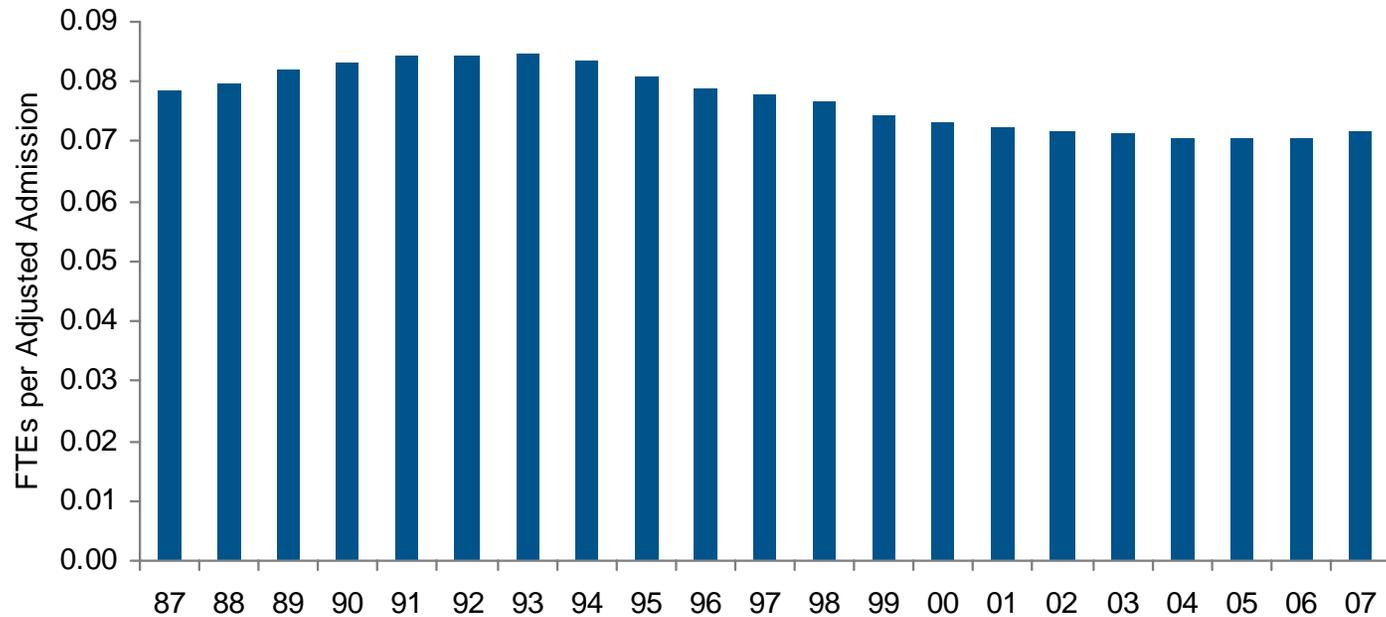
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

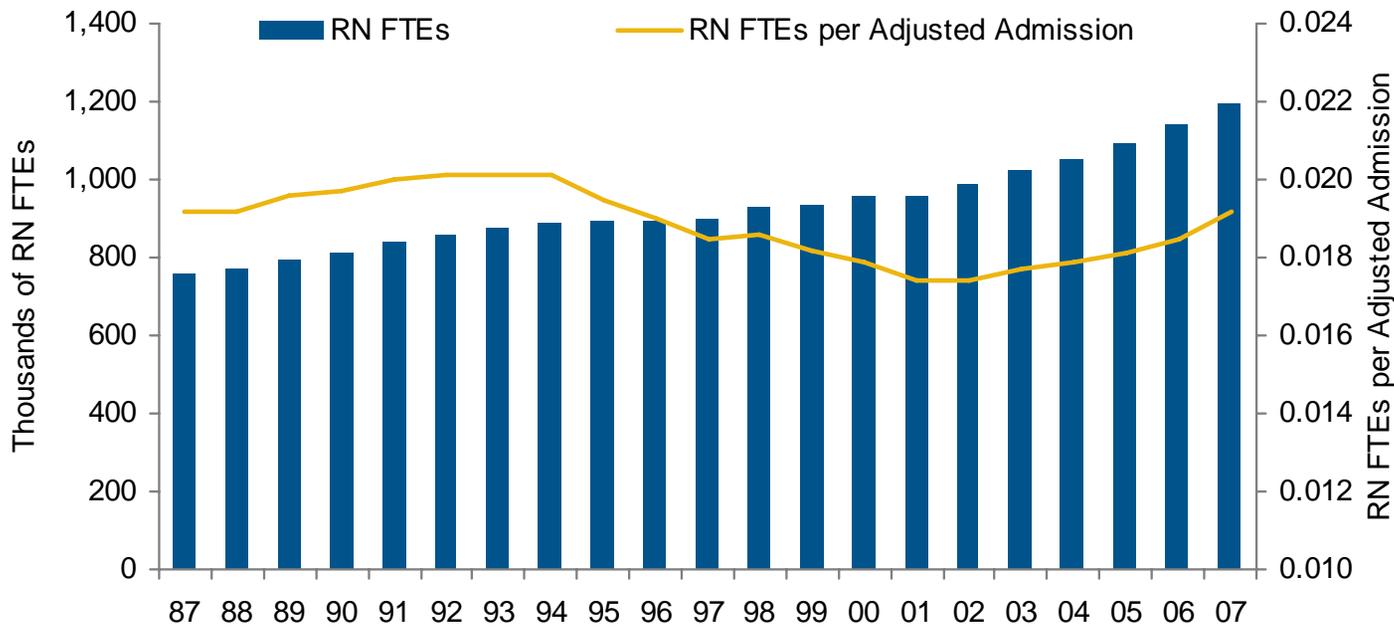
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Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

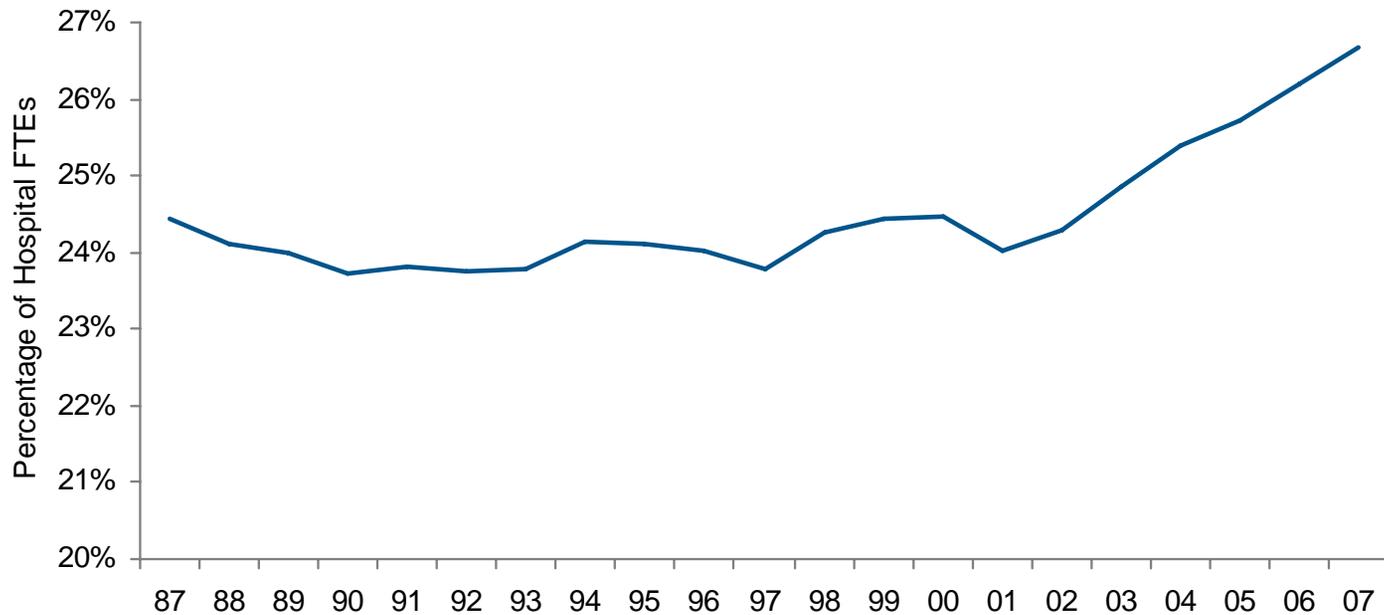
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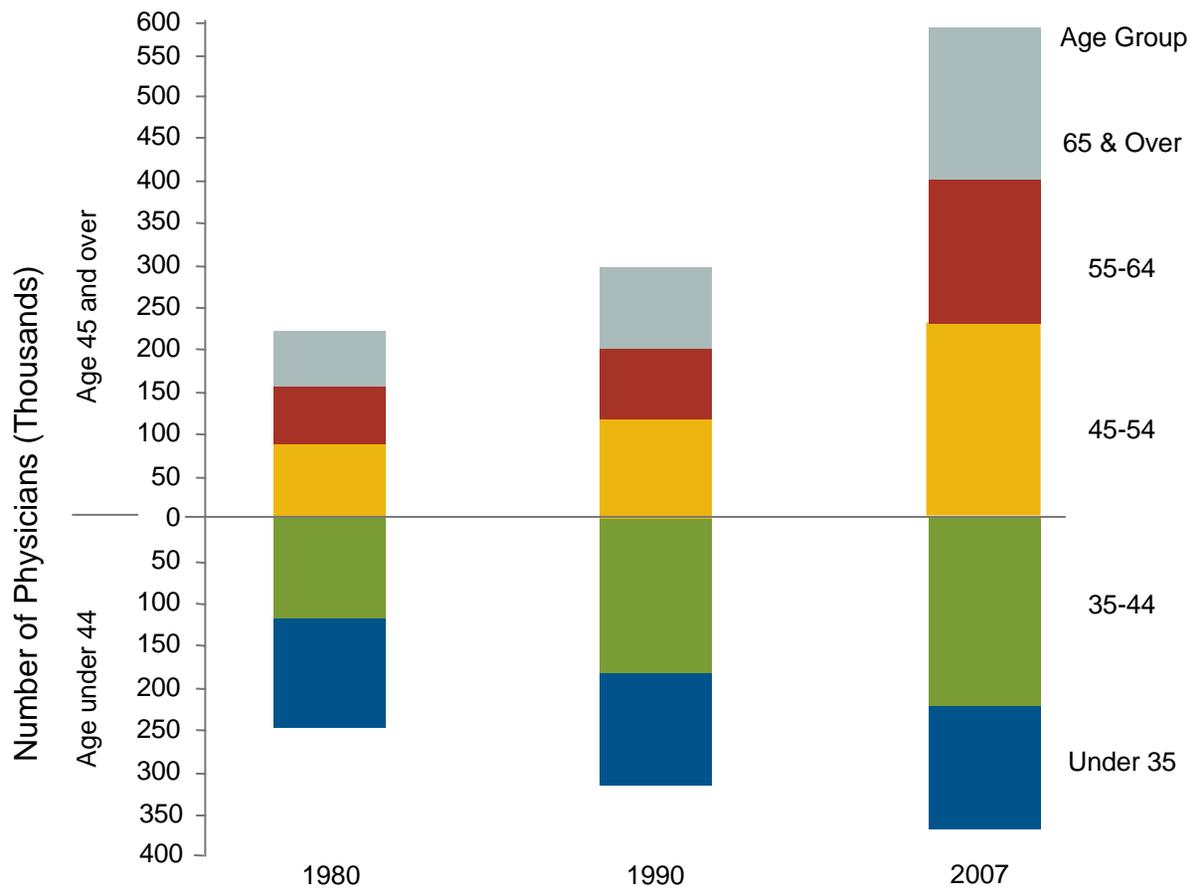
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

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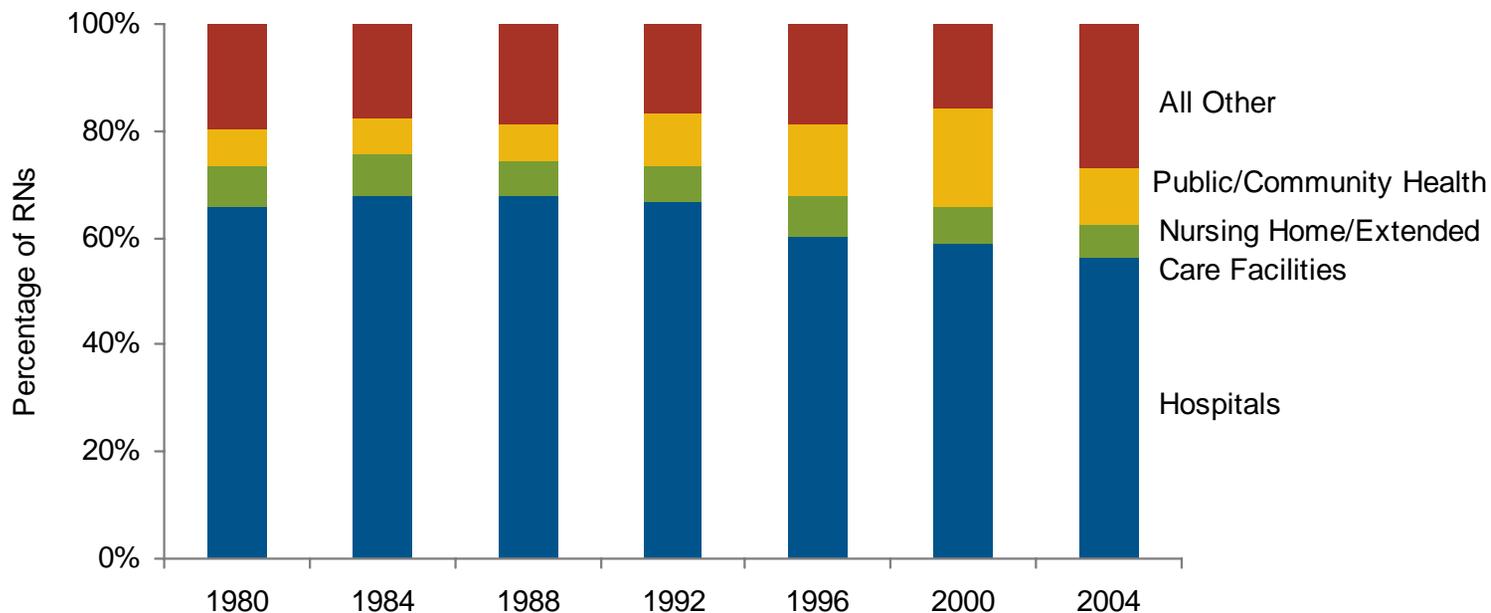
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

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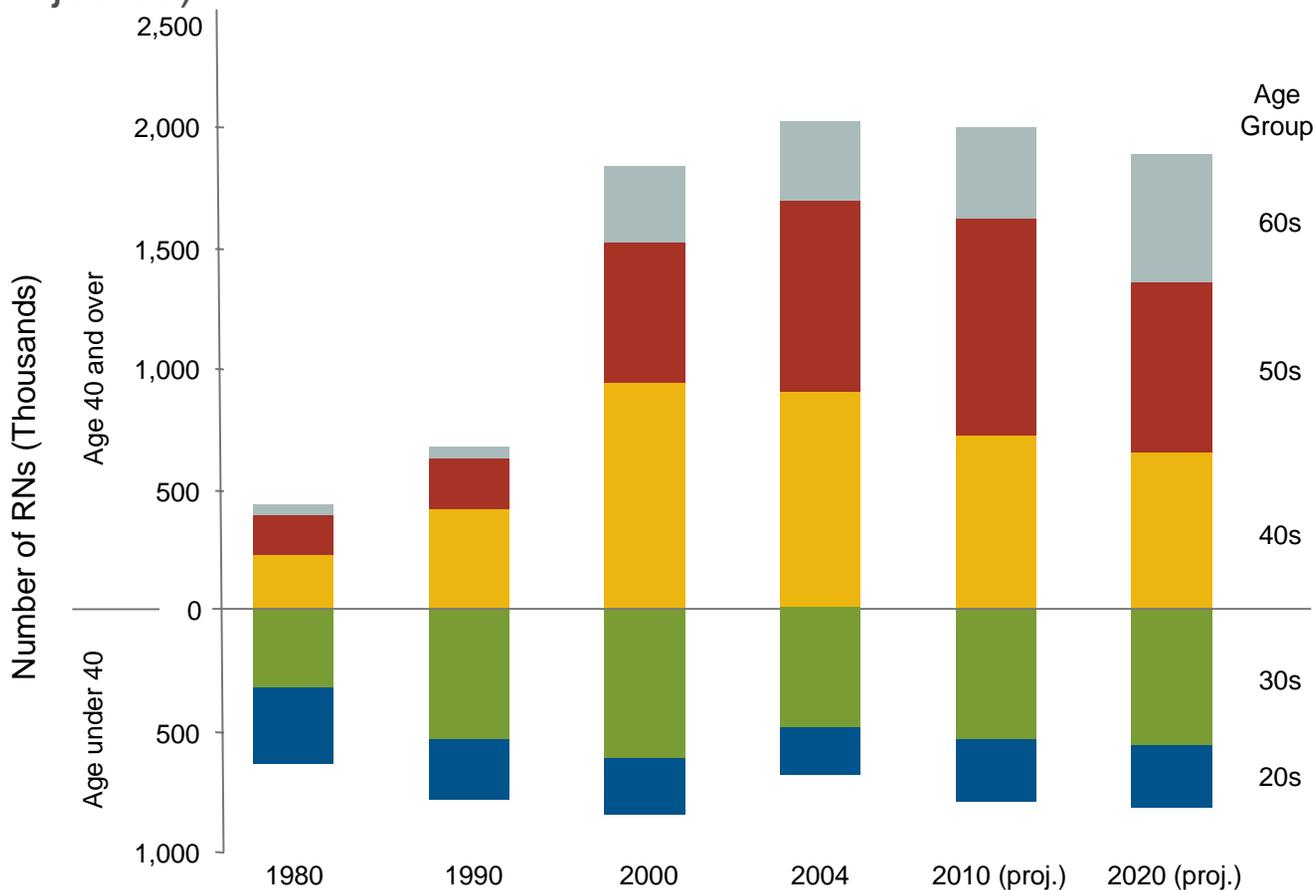
Source: American Medical Association. (2009 Edition). *Physician Characteristics and Distribution in the US*.

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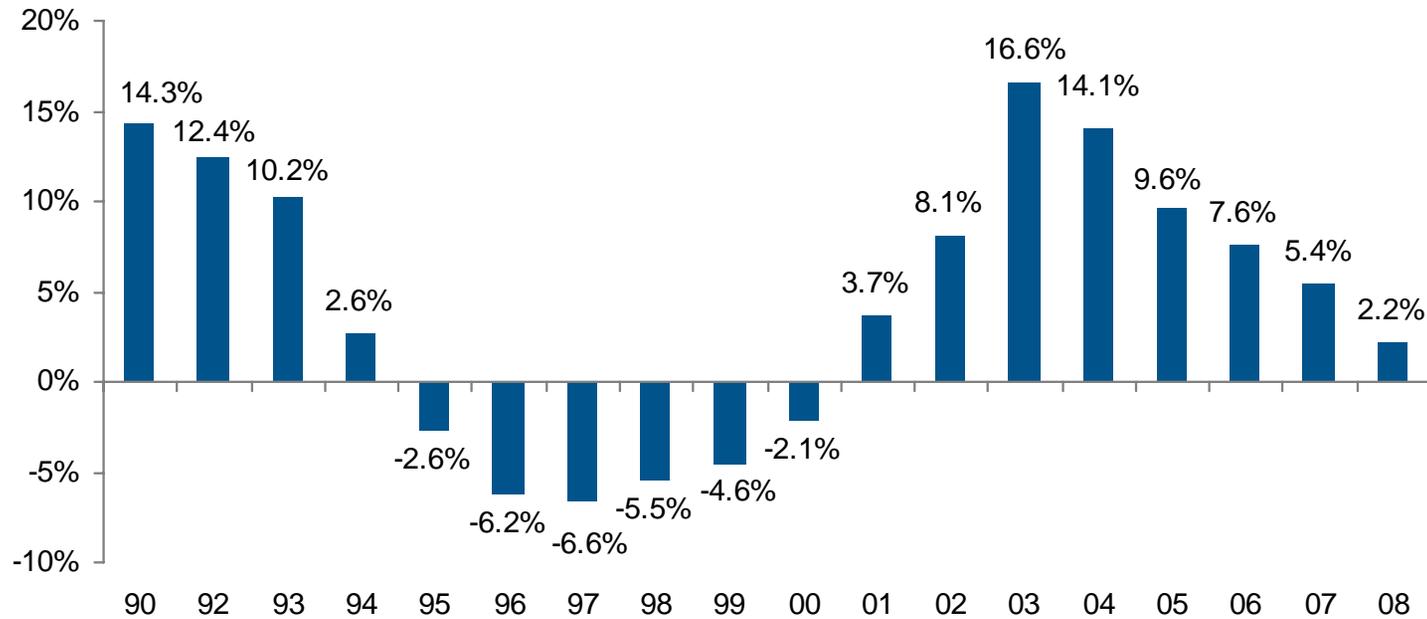
Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <https://bhpr.hrsa.gov/healthworkforce/nursing.htm>.

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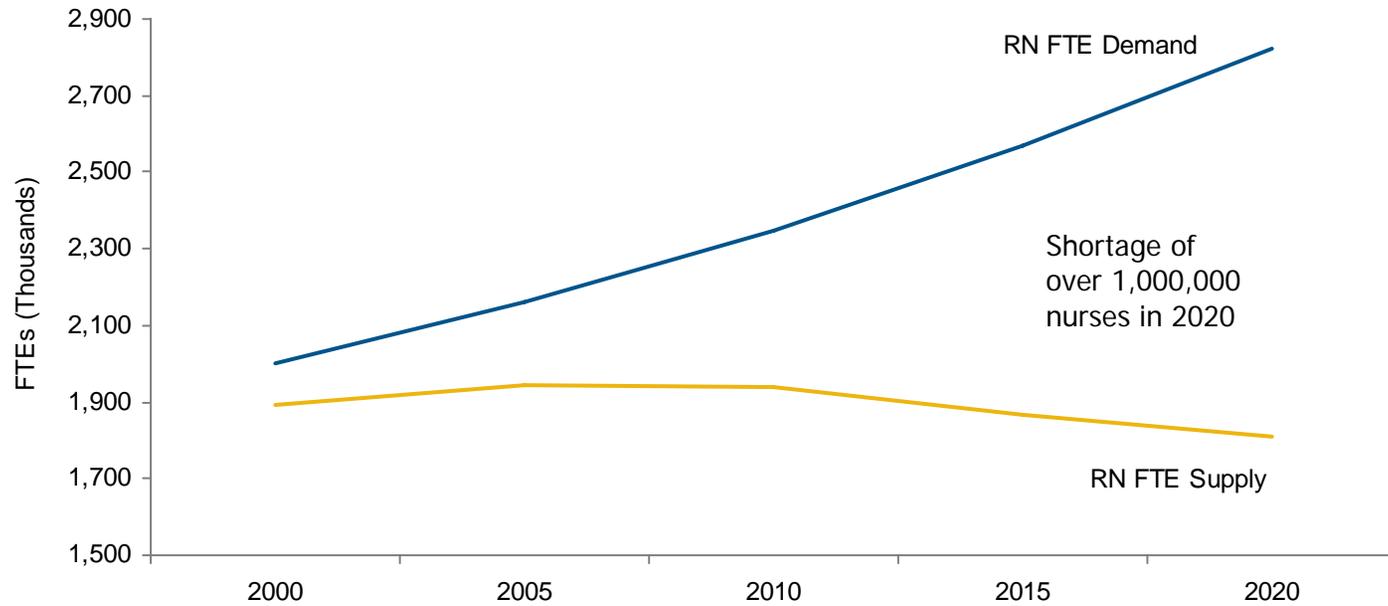
Source: Bureau of Health Professions, Health Resources and Services Administration. (1980-2004). *Findings from the National Survey of Registered Nurses*. Link: <https://bhpr.hrsa.gov/healthworkforce/nursing.htm>. 2010 and 2020 projections derived from The Lewin Group analysis of the *National Sample Survey of Registered Nurses, 2000*.

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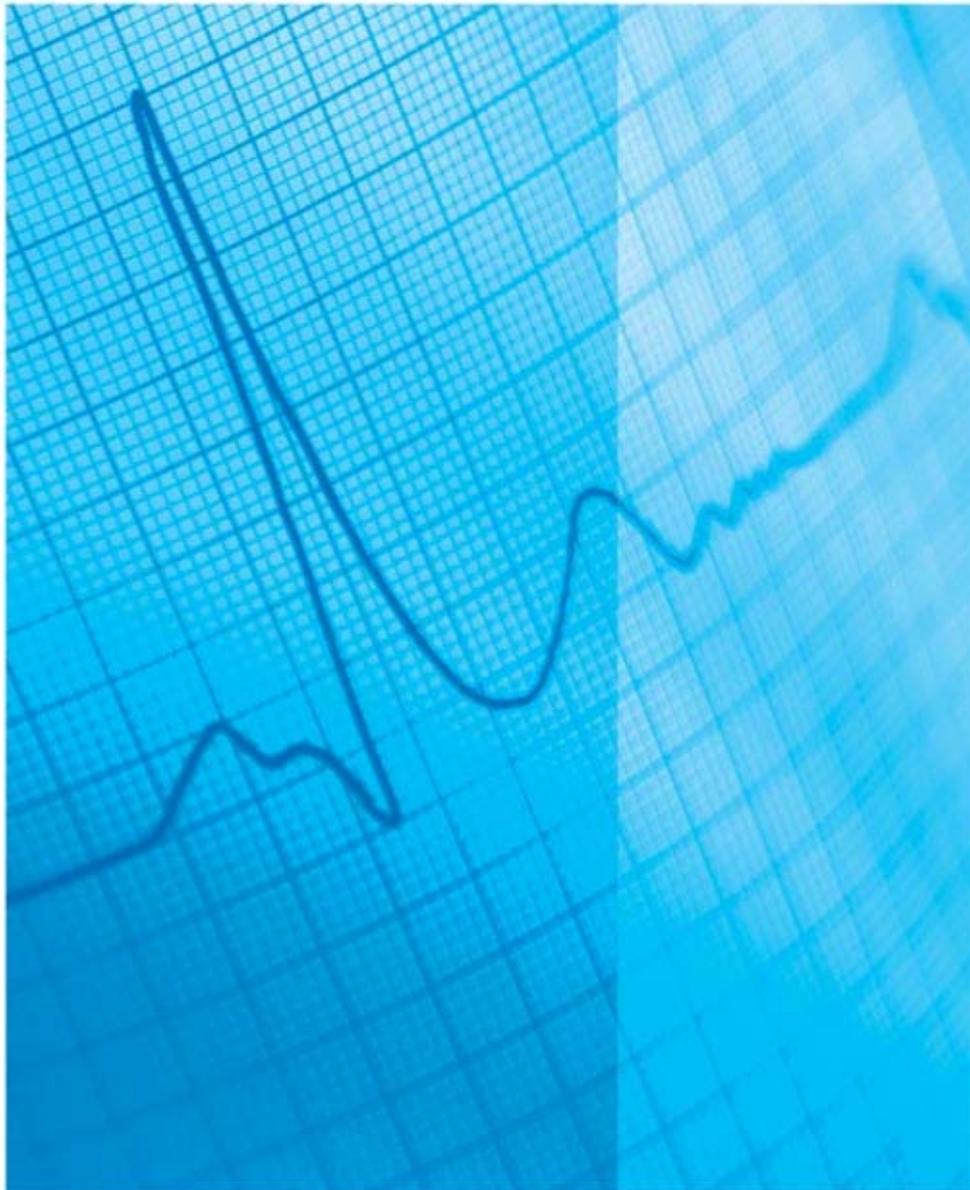


Source: American Association of Colleges of Nursing. (1994-2008). *Percent Change in Enrollments in Entry-Level Baccalaureate Nursing Programs: 1994-2008*. Link: <http://www.aacn.nche.edu/Media/pdf/EnrollChanges.pdf>, and Berlin, L.E. et al. *Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington, DC: AACN.

### Chart 5.12: National Supply and Demand Projections for FTE RNs, 2000 – 2020



Source: National Center For Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration. (2004). *What Is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?* Link: <ftp://ftp.hrsa.gov/bhpr/workforce/behindshortage.pdf>.



## CHAPTER 6

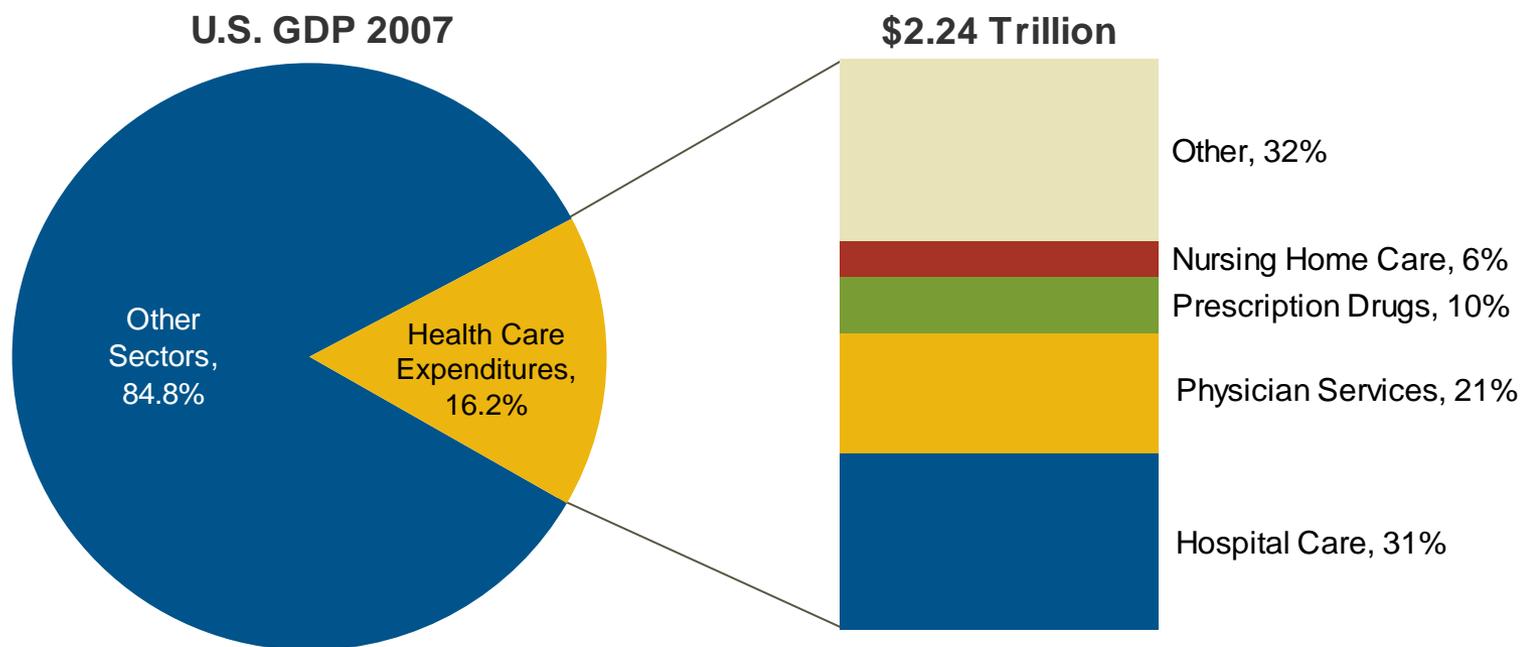
The Economic Contribution  
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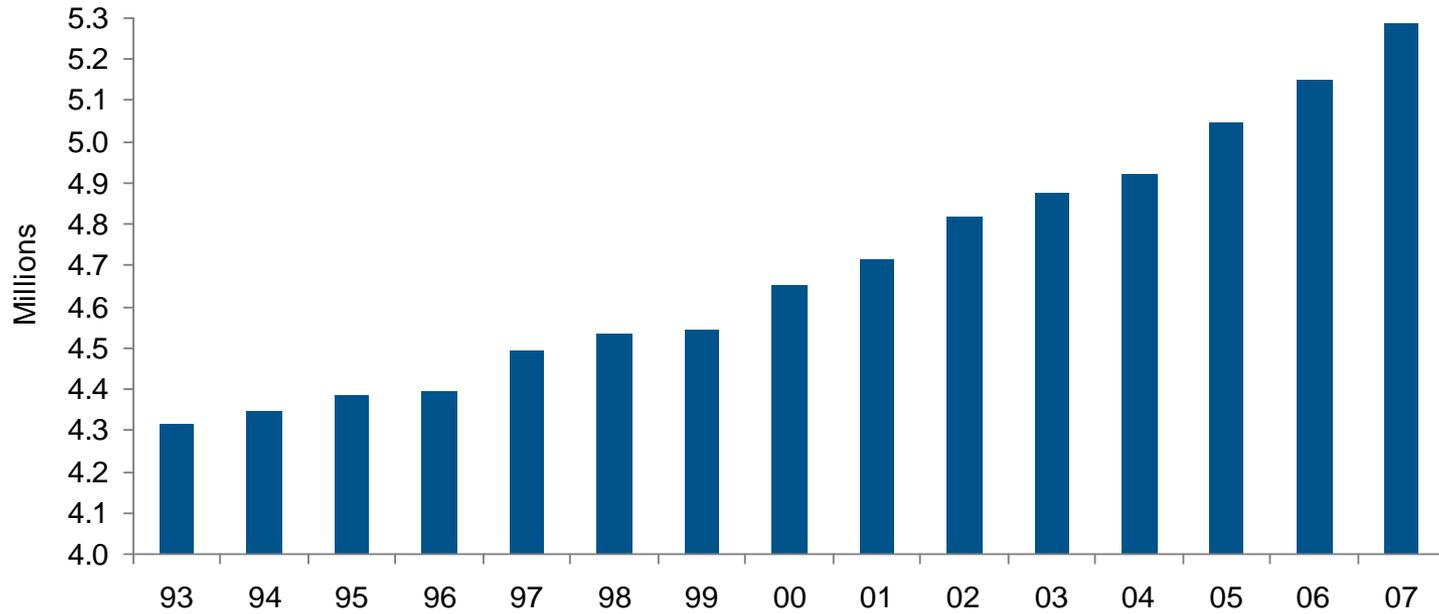
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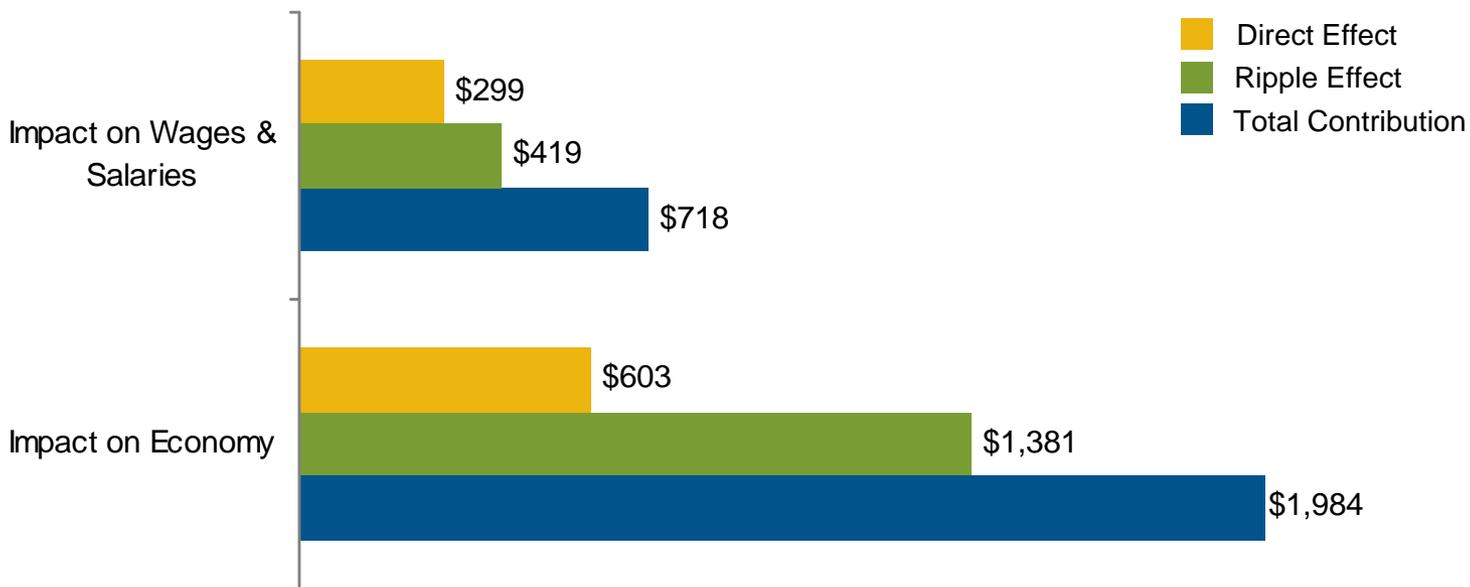
Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

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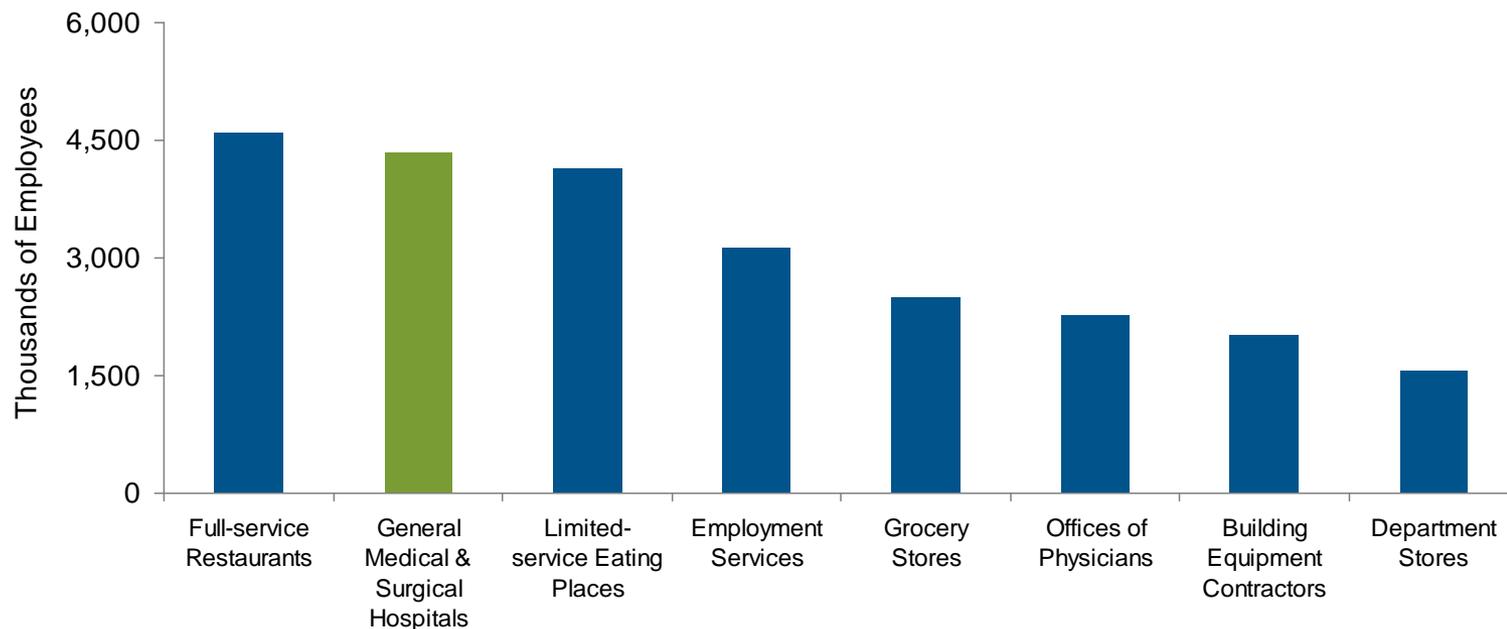
Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

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Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers applied to 2007 American Hospital Association Annual Survey data.

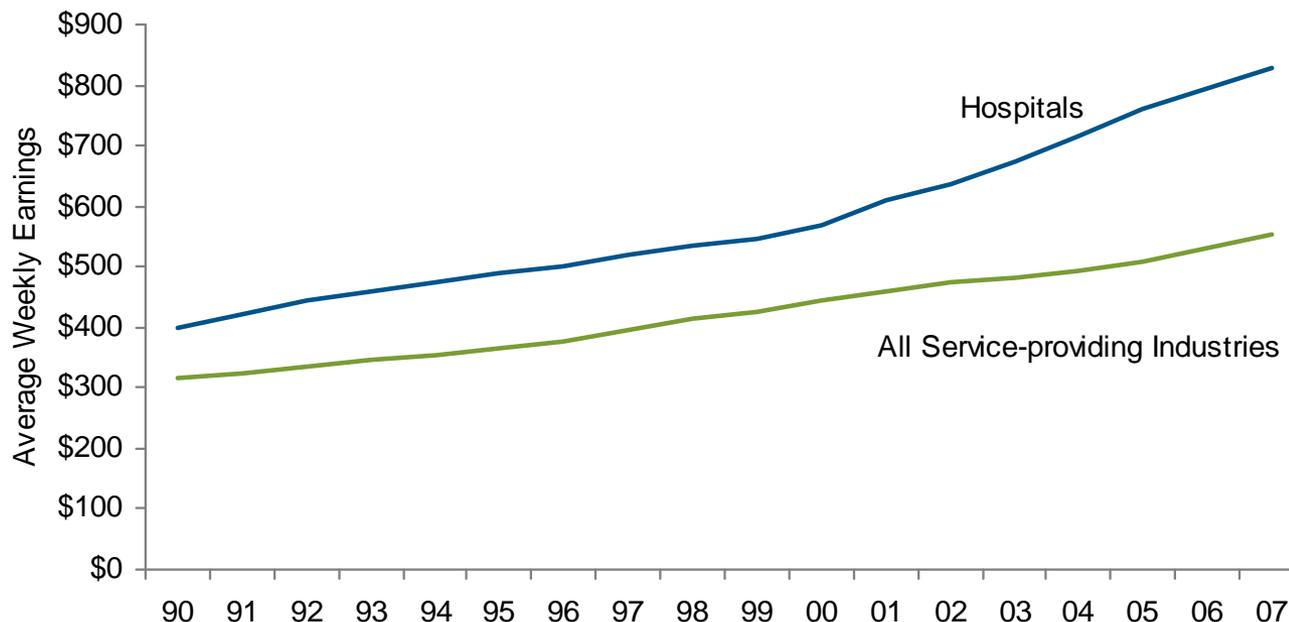
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Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2009.  
Link: <http://www.bls.gov/ces>.

<sup>(1)</sup> 2008 figures reflect annual projections.

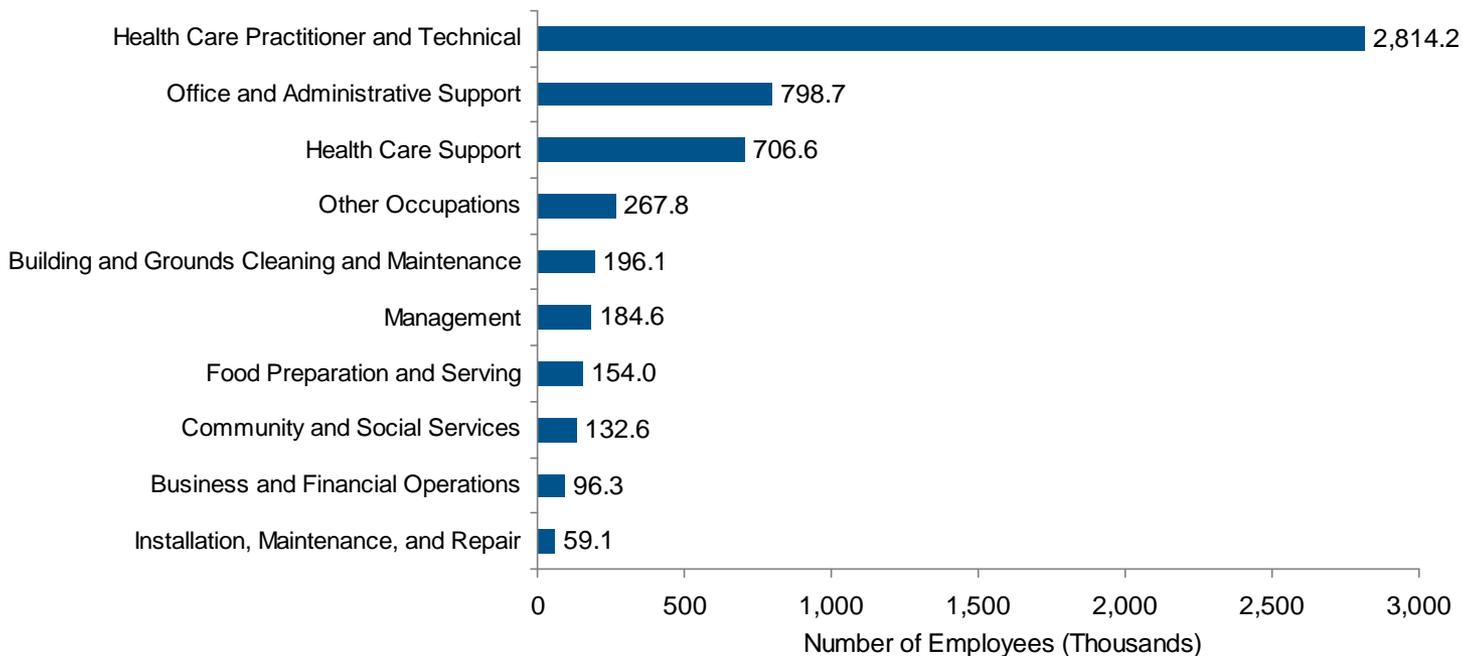
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Source: Department of Labor, Bureau of Labor Statistics, Current Employment Statistics (CES) Survey, customized tables. Data released 2009.  
Link: <http://www.bls.gov/ces>.

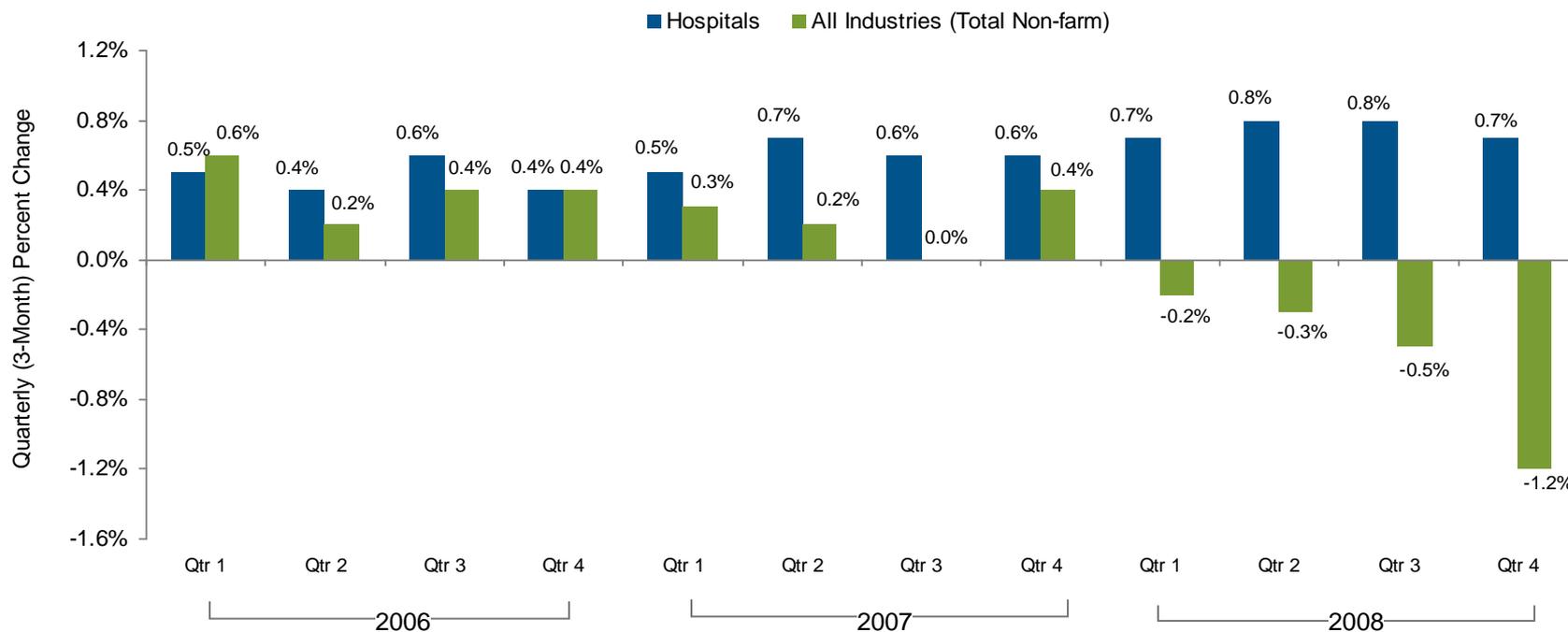
<sup>(1)</sup> Includes physicians employed by hospitals.

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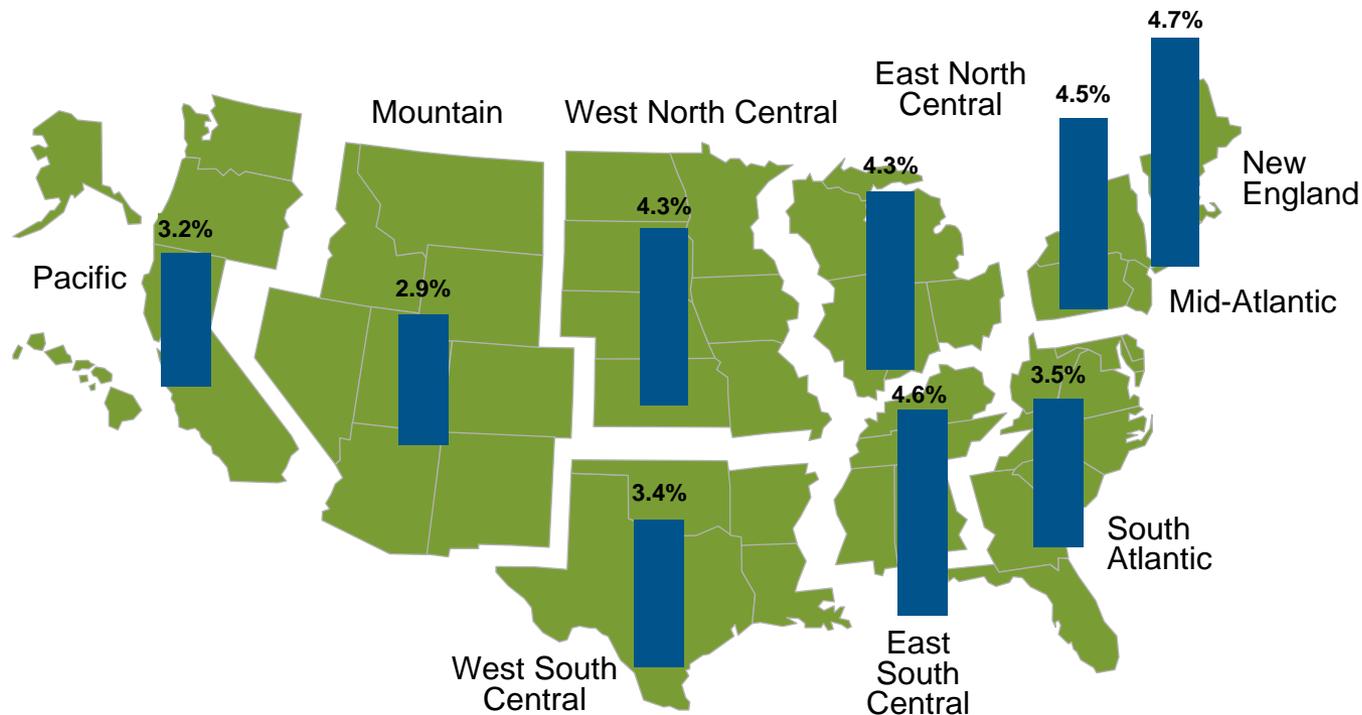
Source: Department of Labor, Bureau of Labor Statistics, 2007 National Industry-specific Occupational Employment and Wage. Data released February 2009. Link: [http://www.bls.gov/oes/current/naics3\\_622000.htm](http://www.bls.gov/oes/current/naics3_622000.htm).

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Source: Department of Labor, Bureau of Labor Statistics. Link: <http://www.bls.gov/bls/employment.htm>.

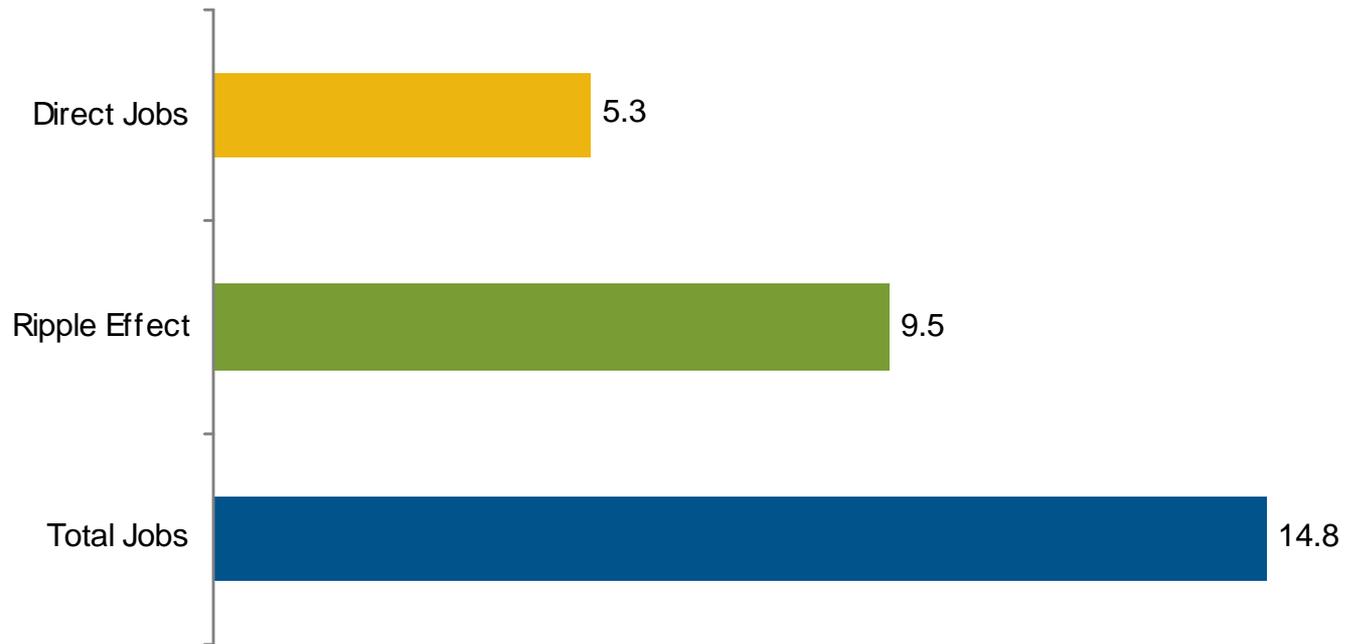
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Source: Avalere Health analysis of American Hospital Association 2007 Annual Survey data and 2007 total non-farm employment data from the Bureau of Labor Statistics.

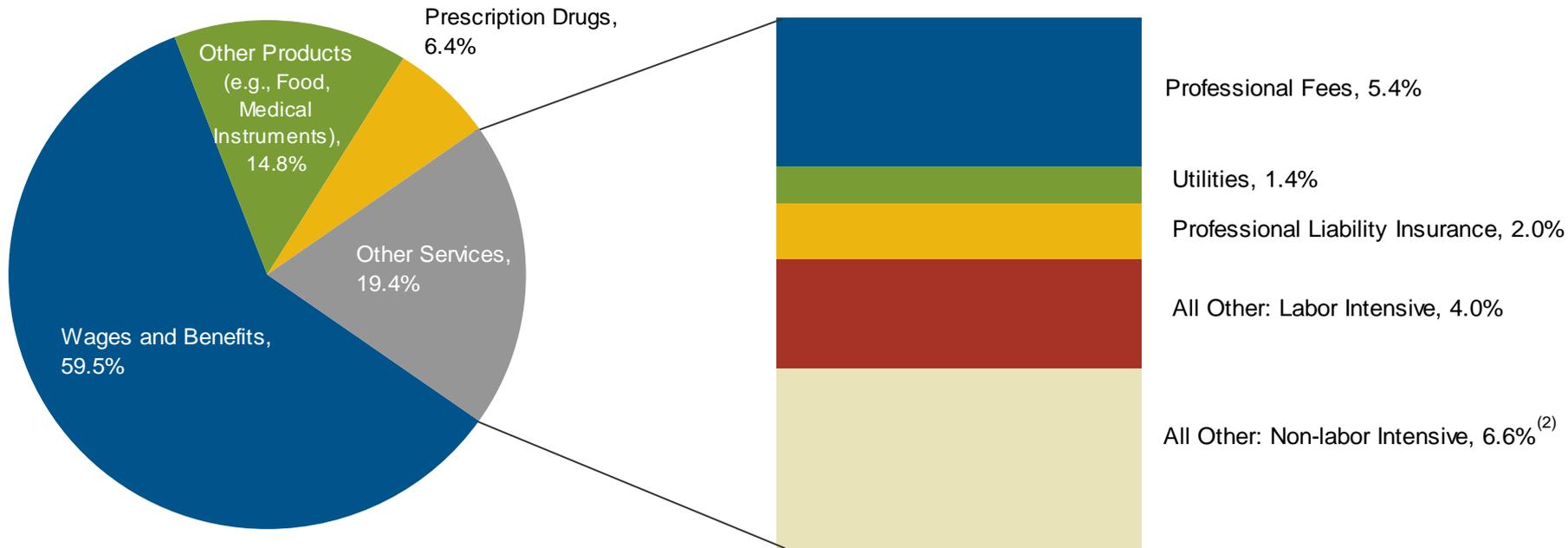
<sup>(1)</sup> Does not include farm employment.

Chart 6.9: Impact of Community Hospitals on U.S. Jobs (in millions), 2007



Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers applied to 2007 American Hospital Association Annual Survey data.

Chart 6.10: Percent of Hospital Costs<sup>(1)</sup> by Type of Expense, 2Q08



Source: AHA analysis of Centers for Medicare and Medicaid Services data, using base year 2002 weights.

<sup>(1)</sup> Does not include capital.

<sup>(2)</sup> Includes postage and telephone expenses.

Chart 6.11: Hospital Impact on Sectors of the U.S. Economy  
(in \$ billions), 2007

Industry	Economic Impact
Health care and social assistance	\$697.9
Manufacturing	297.2
Real estate and rental and leasing	187.9
Finance and insurance	126.8
Professional, scientific and technical services	82.4
Retail trade	81.1
Wholesale trade	65.0
Information	64.9
Transportation and warehousing	61.8
Administrative and waste management services	61.5
Accommodation and food services	51.0
Other services	49.7
Management of companies and enterprises	39.9
Utilities	35.3
Agriculture, forestry, fishing and hunting	29.1
Educational services	16.0
Arts, entertainment, and recreation	14.2
Mining	12.5
Construction	9.8
<b>Total</b>	<b>\$1,984.0</b>

Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers applied to 2007 American Hospital Association Annual Survey data.

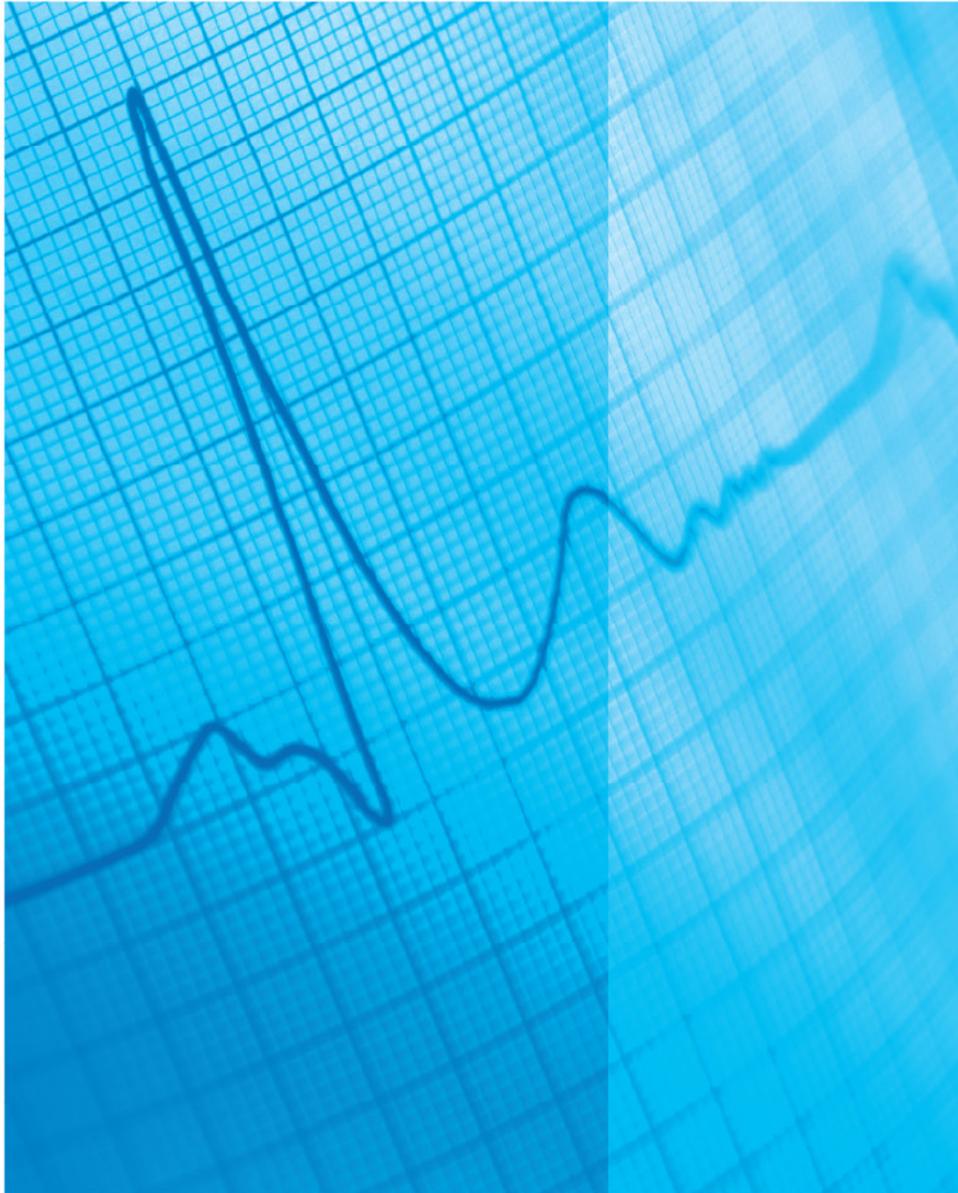
# Chart 6.12: Impact of Community Hospitals on U.S. Economy; All States, DC and Total U.S., 2007

State Name	Number of Hospital Jobs (FT and PT)	Multiplier for Employment	Effect of Hospital Jobs on Total Jobs in State Economy	Percent of Total (Non-farm) Employment Supported by Hospital Employment	Hospital Payroll and Benefits (\$ millions)	Multiplier for Earnings	Effect of Hospital Payroll and Benefits on Total Labor Income (\$ millions)	Hospital Expenditures* (\$ millions)	Multiplier for Output	Effect of Hospital Expenditures on Total Output in State Economy (\$ millions)
Alabama	84,372	2.0128	169,824	8.46%	\$3,935	1.7382	\$6,840	\$7,995	2.1741	\$17,382
Alaska	10,373	1.8931	19,637	6.18%	\$754	1.5342	\$1,157	\$1,513	1.8427	\$2,788
Arizona	81,851	2.1321	174,515	6.55%	\$4,812	1.7511	\$8,426	\$10,066	2.1596	\$21,739
Arkansas	48,358	1.9434	93,979	7.81%	\$2,271	1.6528	\$3,754	\$4,733	2.0373	\$9,643
California	488,413	2.2751	1,111,188	7.33%	\$29,662	1.9677	\$58,366	\$59,590	2.5265	\$150,554
Colorado	64,565	2.2728	146,743	6.30%	\$4,019	1.9439	\$7,813	\$8,610	2.4720	\$21,284
Connecticut	64,512	1.9089	123,147	7.25%	\$4,040	1.7029	\$6,880	\$7,351	2.1058	\$15,480
Delaware	18,192	1.9083	34,716	7.95%	\$1,119	1.6208	\$1,814	\$2,086	1.9746	\$4,119
District of Columbia	25,453	1.5648	39,829	5.73%	\$1,729	1.3668	\$2,363	\$3,268	1.3866	\$4,531
Florida	274,075	2.0425	559,798	6.96%	\$15,482	1.7860	\$27,651	\$33,100	2.2052	\$72,992
Georgia	142,804	2.1991	314,040	7.57%	\$7,460	1.9466	\$14,522	\$15,247	2.4931	\$38,012
Hawaii	17,231	2.1522	37,085	5.95%	\$1,099	1.6993	\$1,868	\$2,118	2.0783	\$4,402
Idaho	23,081	2.0753	47,900	7.31%	\$1,143	1.6781	\$1,918	\$2,426	2.0419	\$4,954
Illinois	238,827	2.2421	535,474	8.95%	\$13,321	2.0074	\$26,741	\$27,543	2.6107	\$71,907
Indiana	121,943	2.0684	252,227	8.44%	\$6,511	1.7652	\$11,493	\$13,585	2.2423	\$30,462
Iowa	69,362	1.9678	136,491	9.00%	\$3,185	1.6683	\$5,314	\$6,273	2.0566	\$12,901
Kansas	50,930	1.9810	100,892	7.32%	\$2,535	1.6851	\$4,272	\$4,789	2.1205	\$10,155
Kentucky	79,408	2.0151	160,015	8.56%	\$4,084	1.7246	\$7,043	\$8,892	2.1535	\$19,149
Louisiana	83,035	1.9761	164,085	8.54%	\$4,060	1.6890	\$6,857	\$8,179	2.0450	\$16,726
Maine	34,068	2.0994	71,522	11.58%	\$1,745	1.6934	\$2,955	\$3,367	2.0724	\$6,978
Maryland	88,988	2.0835	185,406	7.10%	\$5,215	1.7969	\$9,371	\$10,882	2.2440	\$24,419
Massachusetts	170,921	2.0772	355,037	10.83%	\$9,860	1.8276	\$18,020	\$20,146	2.2898	\$46,130
Michigan	202,310	2.0864	422,100	9.90%	\$11,498	1.7892	\$20,572	\$22,483	2.2250	\$50,025
Minnesota	109,745	2.2509	247,025	8.92%	\$6,370	1.8750	\$11,944	\$12,054	2.3801	\$28,690
Mississippi	57,797	1.9358	111,883	9.71%	\$2,908	1.6342	\$4,752	\$5,538	2.0111	\$11,137
Missouri	128,399	2.1314	273,670	9.79%	\$6,510	1.8270	\$11,894	\$14,782	2.3078	\$34,114
Montana	21,189	2.0277	42,965	9.70%	\$1,030	1.6295	\$1,678	\$2,023	1.9804	\$4,006
Nebraska	41,535	2.0012	83,120	8.63%	\$2,098	1.7151	\$3,598	\$4,373	2.1184	\$9,264
Nevada	24,104	1.9473	46,938	3.63%	\$1,755	1.6078	\$2,822	\$3,672	1.9425	\$7,133
New Hampshire	29,170	2.0164	58,818	9.06%	\$1,770	1.7655	\$3,125	\$3,320	2.1038	\$6,985
New Jersey	145,810	2.1713	316,597	7.77%	\$8,816	1.8966	\$16,720	\$16,115	2.4450	\$39,401
New Mexico	23,920	2.0834	49,835	5.91%	\$1,561	1.6371	\$2,556	\$2,905	1.9595	\$5,692
New York	410,448	1.8941	777,430	8.90%	\$27,886	1.6807	\$46,868	\$49,651	2.1262	\$105,568
North Carolina	160,251	2.1746	348,482	8.41%	\$8,674	1.8509	\$16,055	\$17,497	2.3573	\$41,246
North Dakota	19,702	1.8906	37,249	10.41%	\$948	1.5824	\$1,500	\$1,741	1.8921	\$3,294
Ohio	255,472	2.1845	558,079	10.29%	\$13,913	1.8463	\$25,688	\$28,050	2.3406	\$65,654
Oklahoma	55,856	2.0911	116,800	7.46%	\$2,728	1.7621	\$4,807	\$6,082	2.1927	\$13,336
Oregon	55,836	2.2135	123,593	7.14%	\$3,511	1.7507	\$6,147	\$6,847	2.1740	\$14,885
Pennsylvania	280,451	2.1859	613,038	10.58%	\$14,380	1.9220	\$27,638	\$30,846	2.4662	\$76,072
Rhode Island	21,269	1.9944	42,419	8.60%	\$1,443	1.6867	\$2,434	\$2,526	2.0518	\$5,183
South Carolina	70,611	2.1289	150,324	7.71%	\$3,667	1.7830	\$6,538	\$8,461	2.2809	\$19,299
South Dakota	20,689	1.8942	39,189	9.64%	\$977	1.5882	\$1,552	\$1,972	1.9210	\$3,788
Tennessee	135,462	2.1825	295,646	10.57%	\$6,734	1.8680	\$12,579	\$13,950	2.4045	\$33,543
Texas	322,603	2.3308	751,923	7.26%	\$17,986	1.9591	\$35,236	\$37,777	2.5537	\$96,471
Utah	39,172	2.2587	88,478	7.07%	\$1,871	1.9017	\$3,558	\$4,145	2.4405	\$10,116
Vermont	12,997	2.0105	26,130	8.49%	\$875	1.5910	\$1,392	\$1,480	1.8782	\$2,780
Virginia	107,870	1.9699	212,493	5.65%	\$6,129	1.7659	\$10,823	\$13,420	2.2555	\$30,269
Washington	94,091	2.2047	207,442	7.08%	\$6,183	1.8049	\$11,160	\$11,832	2.2829	\$27,011
West Virginia	42,024	1.9048	80,047	10.58%	\$2,036	1.5673	\$3,191	\$4,193	1.8522	\$7,766
Wisconsin	108,969	2.0666	225,195	7.81%	\$5,971	1.7664	\$10,547	\$12,720	2.2070	\$28,073
Wyoming	8,989	1.7451	15,687	5.44%	\$465	1.4443	\$672	\$908	1.6980	\$1,542
<b>U.S.</b>	<b>5,287,503</b>	<b>2.8048</b>	<b>14,830,388</b>	<b>10.80%</b>	<b>\$298,734</b>	<b>2.4031</b>	<b>\$717,888</b>	<b>\$603,122</b>	<b>3.2896</b>	<b>\$1,984,030</b>

Source: Avalere Health, using BEA RIMS-II (1997/2006) multipliers for hospital NAICS Code 622, released 2008, applied to American Hospital Association Annual Survey data for 2007. Hospital jobs are total part time and full time jobs. Hospital labor income is defined as payroll plus benefits. The percent of total employment supported by direct and indirect hospital employment is based on 2007 BLS data.

\*Expenditures are defined as net patient revenue + other operating revenue.





# CHAPTER 7

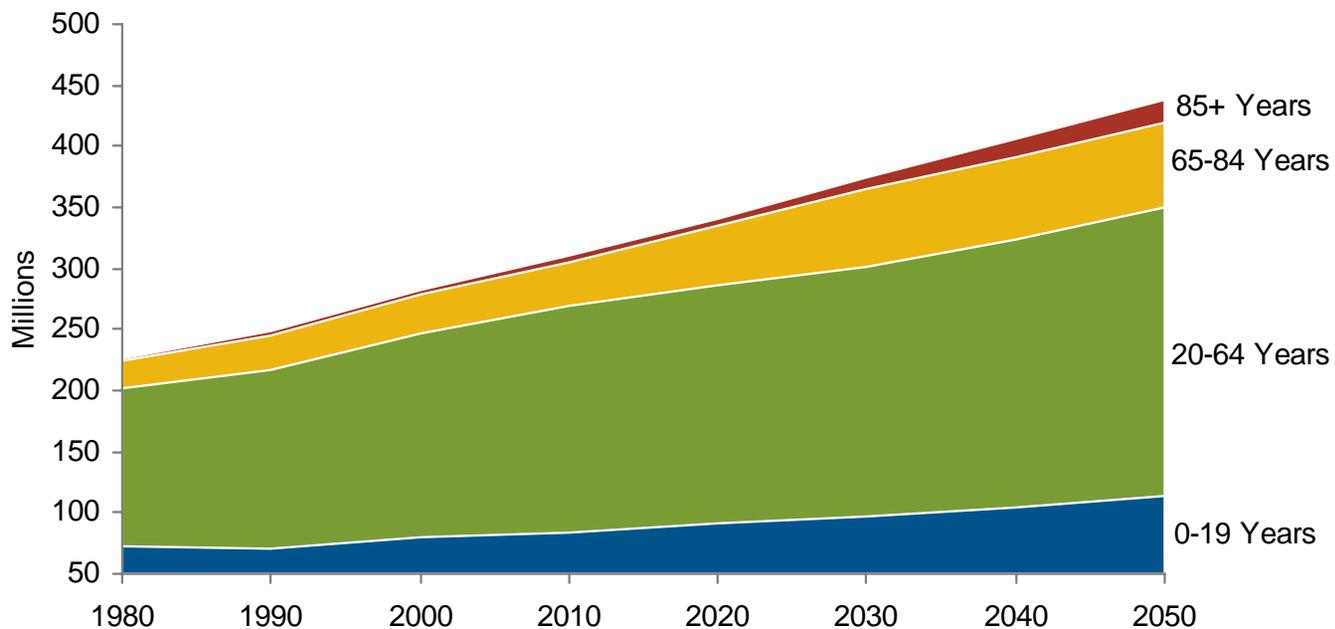
Community Health  
Indicators

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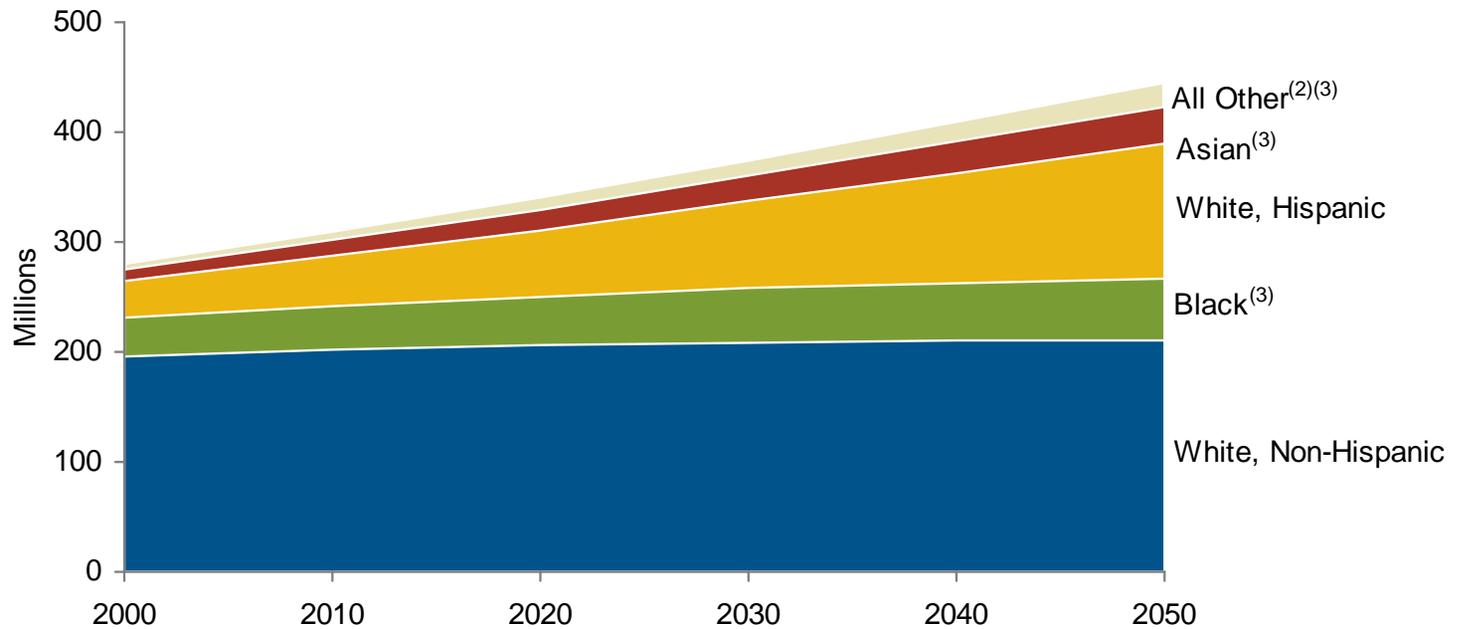
Chart 7.1: U.S. Population Trends and Projections by Age, 1980 – 2050<sup>(1)</sup>



Source: U.S. Department of Commerce, Bureau of the Census. (2004). *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*.

<sup>(1)</sup> Years 2010 through 2050 are projections.

### Chart 7.2: U.S. Population Trends and Projections by Race, 2000 – 2050<sup>(1)</sup>



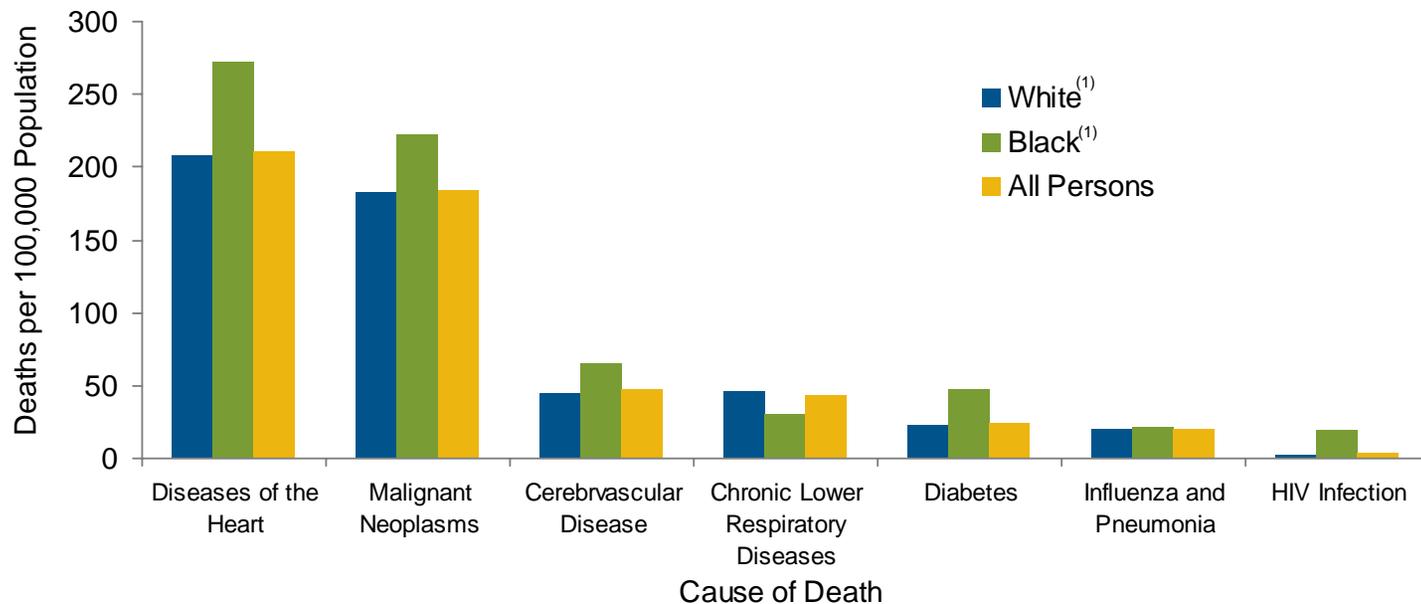
Source: U.S. Department of Commerce, Bureau of the Census. (2004). *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. U.S. Department of Commerce, Bureau of the Census. (2008). *Projections of the Population by Age and Sex for the United States*.

<sup>(1)</sup> Years 2010 through 2050 are projections. Projections are based on 2008 source.

<sup>(2)</sup> All other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander, and two or more races.

<sup>(3)</sup> Black, Asian, and all other categories include Hispanic and non-Hispanic individuals. 2.8 million individuals of Hispanic origin are included in these groups.

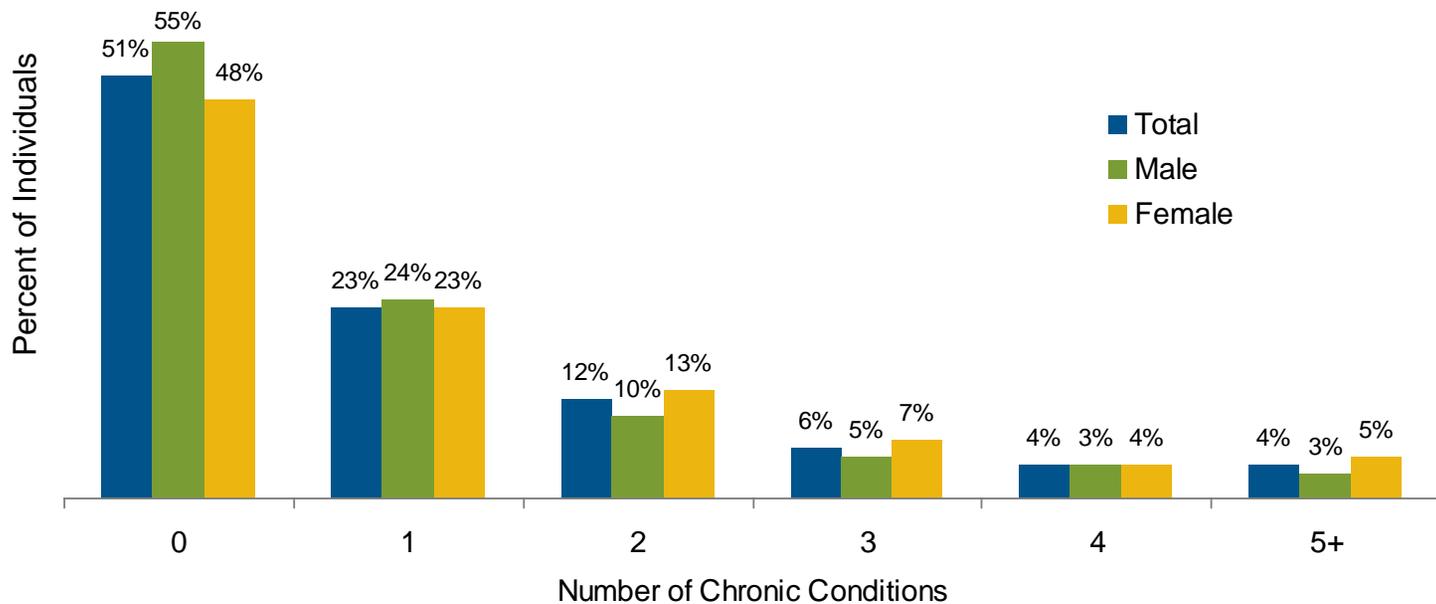
### Chart 7.3: Age-adjusted Death Rates, Selected Causes, by Race, 2005



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

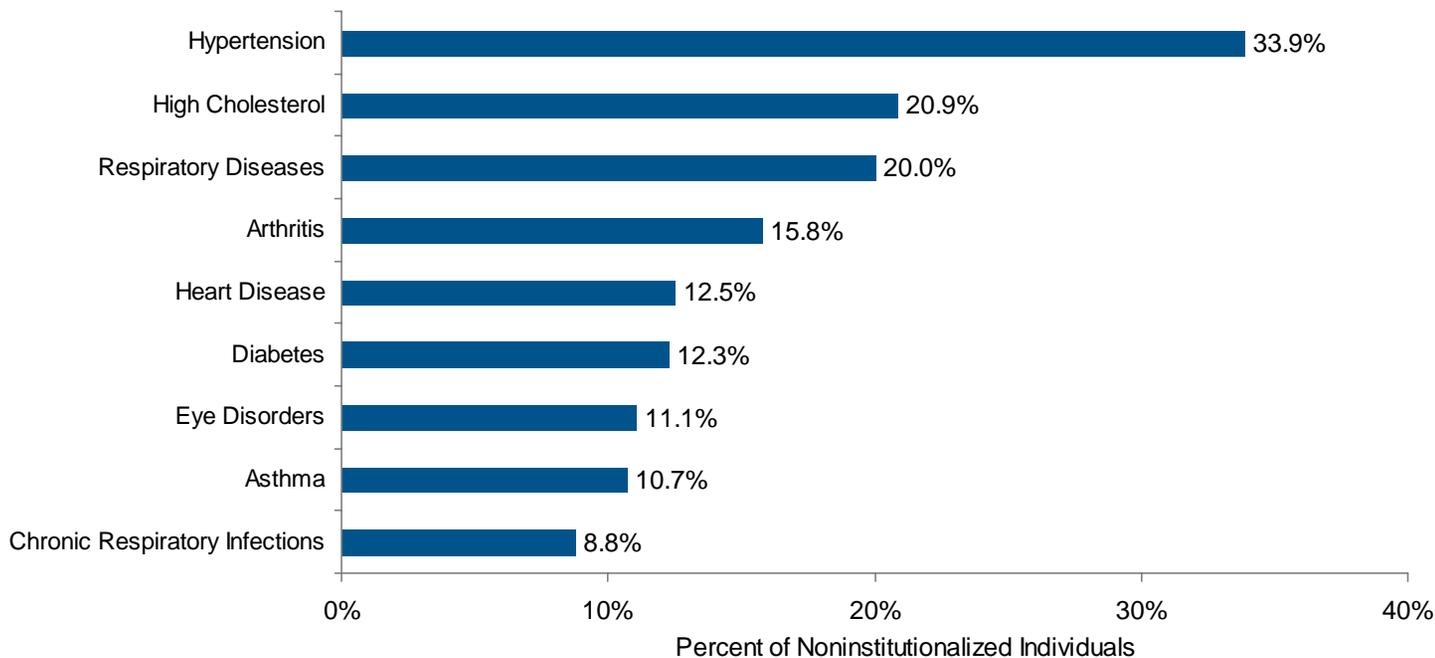
<sup>(1)</sup> Racial categories include individuals of both Hispanic and non-Hispanic origin.

### Chart 7.4: Percent of People with Chronic Conditions by Number and Sex, 2004



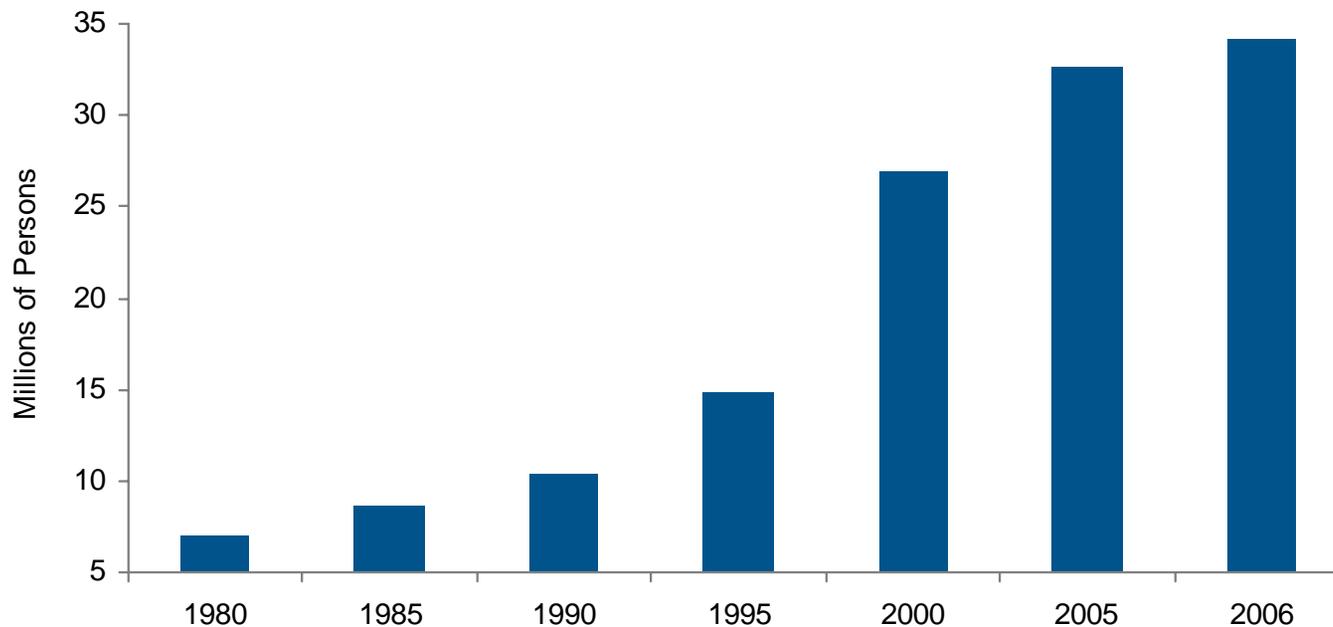
Source: Anderson, G. (2007). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University.

### Chart 7.5: Percent of People with Chronic Conditions by Type, 2004



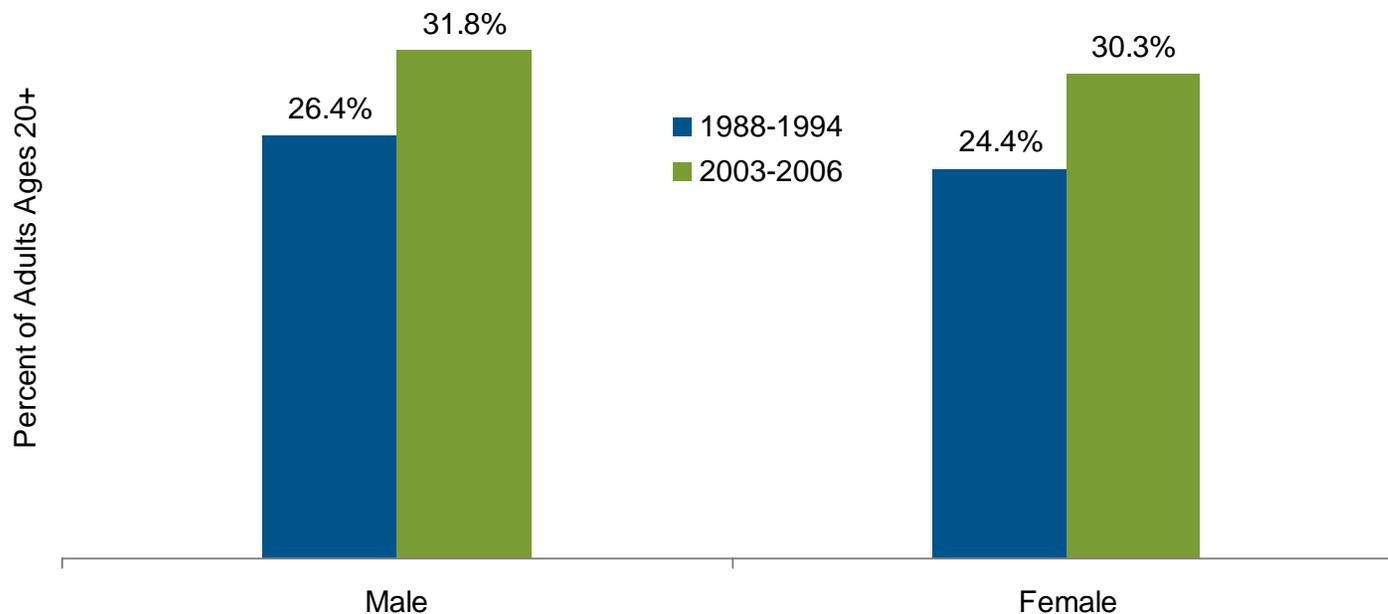
Source: Anderson, G. (2007). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University.

### Chart 7.6: Number of Persons with Asthma, 1980 – 2006



Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006.

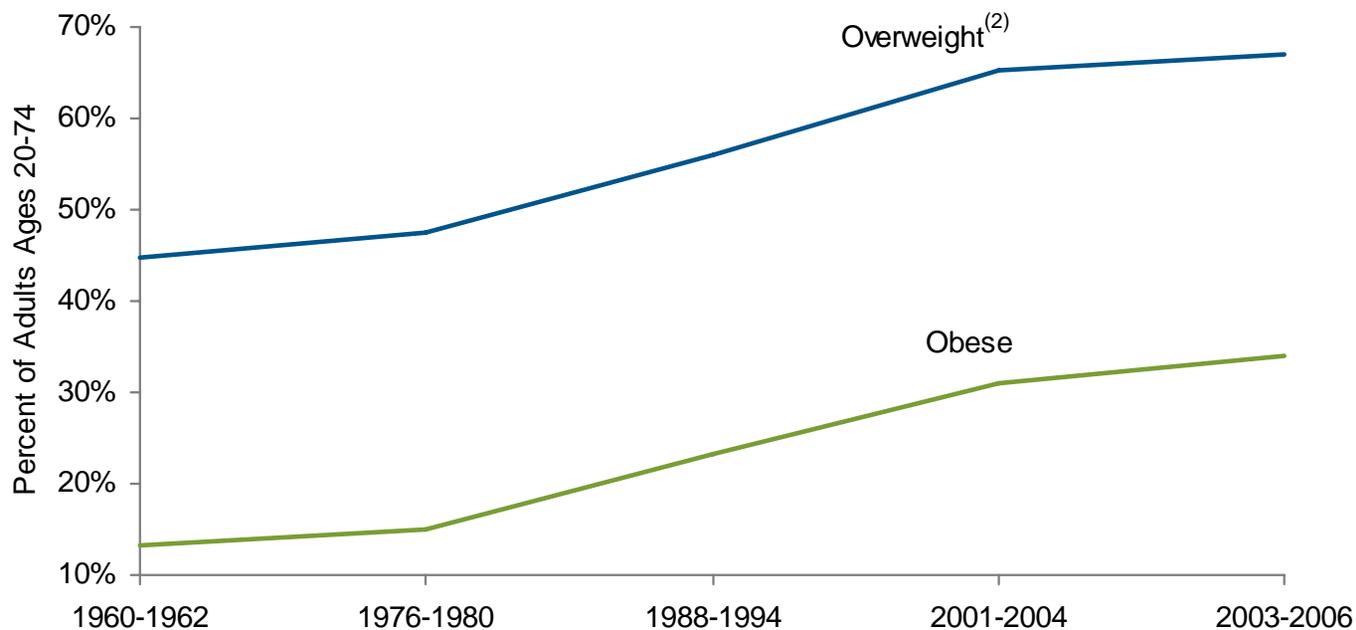
### Chart 7.7: Percent of Adults with Hypertension by Sex<sup>(1)</sup>, 1988 – 1994 and 2003 – 2006



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> Data are age-adjusted to 2000 standard population.

### Chart 7.8: Percent of Adults Who Are Overweight and Obese<sup>(1)</sup>, 1960 – 2006

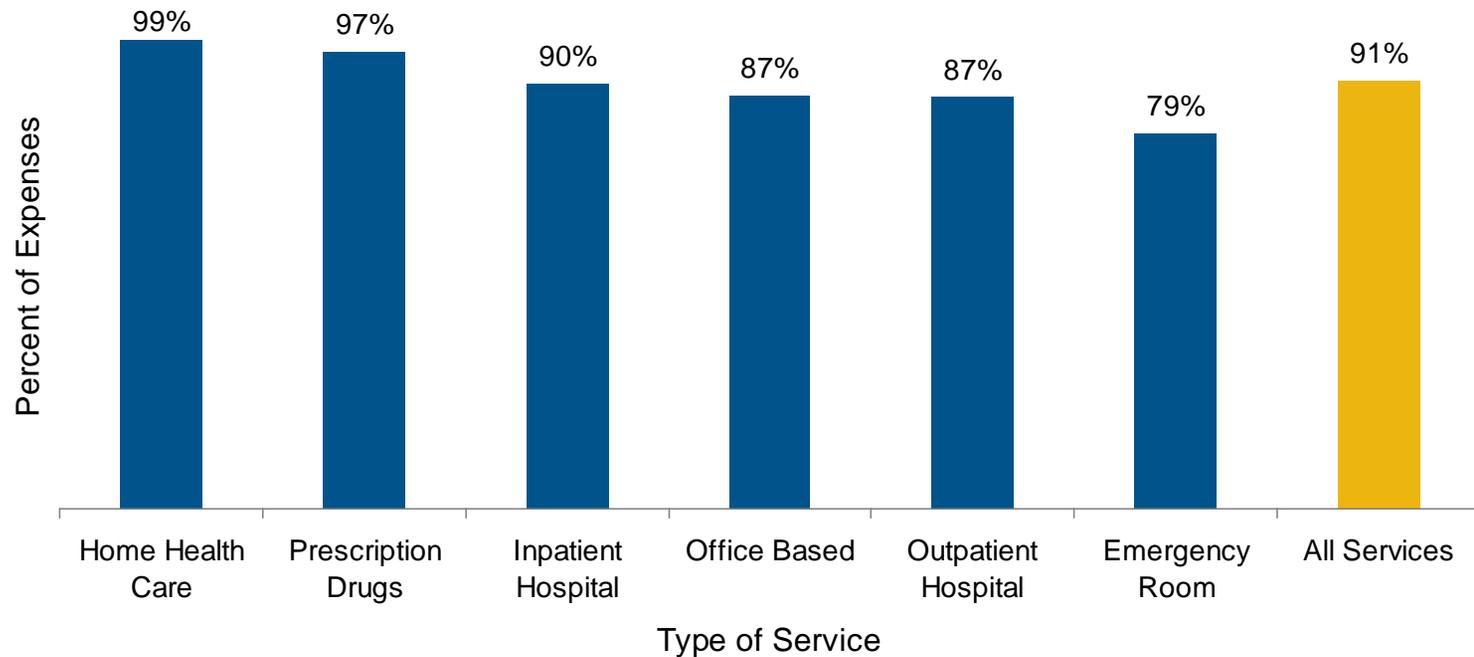


Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> Data are age-adjusted to 2000 standard population.

<sup>(2)</sup> Overweight includes obesity.

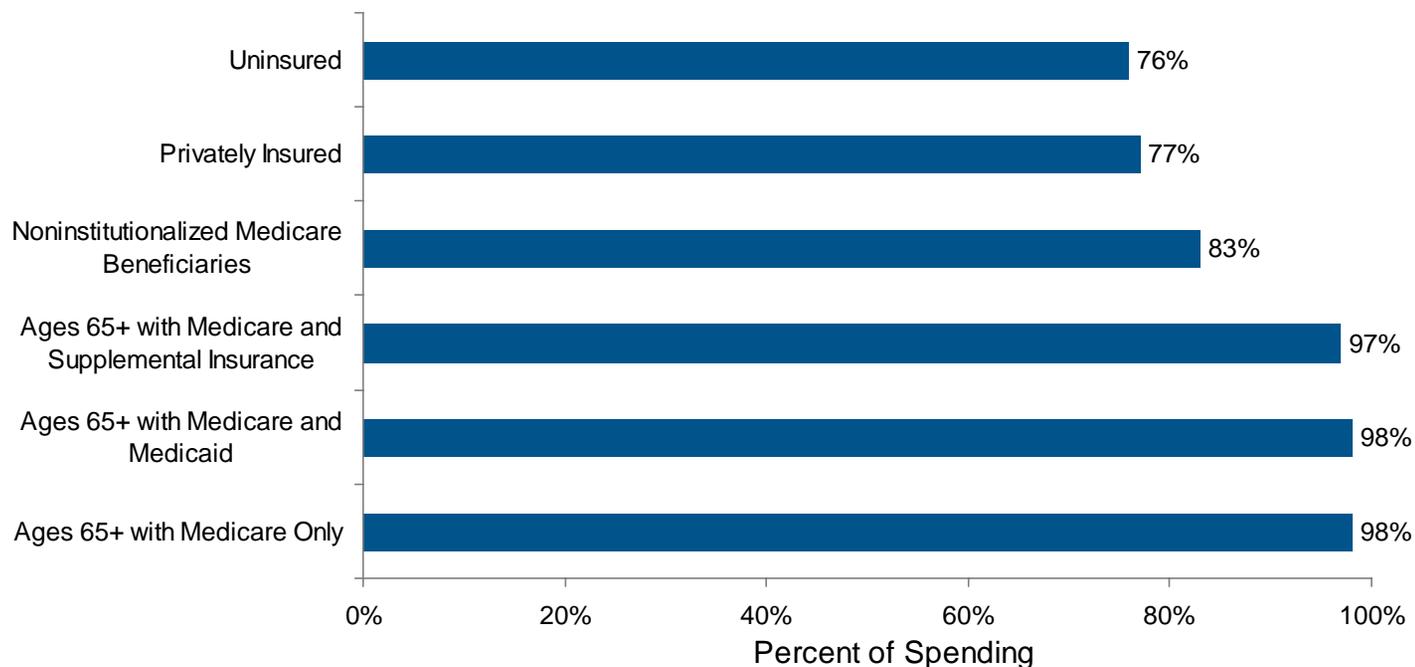
### Chart 7.9: Percent of Expenses Attributable to Persons<sup>(1)</sup> with Chronic Conditions, by Type of Service, 2005



Source: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. Based on data from the Medical Expenditure Panel Survey, 2005. Link: [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/st203/stat203.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/st203/stat203.pdf).

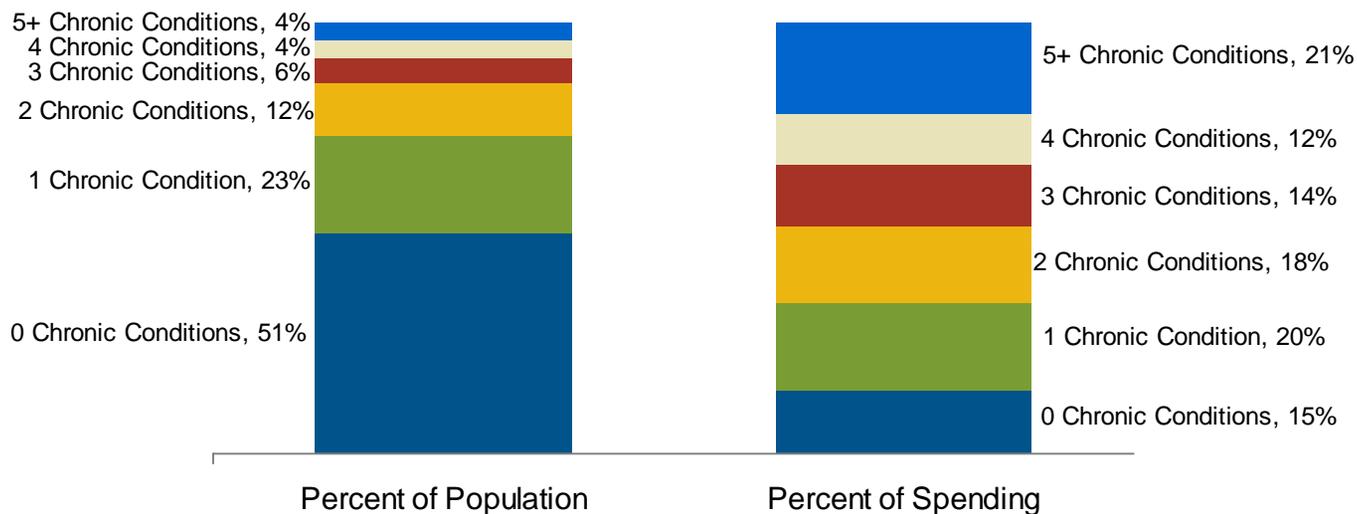
<sup>(1)</sup> Data are for adults ages 18 years and older.

### Chart 7.10: Percent of Spending for Individuals with Chronic Conditions by Insurance Status, 2004



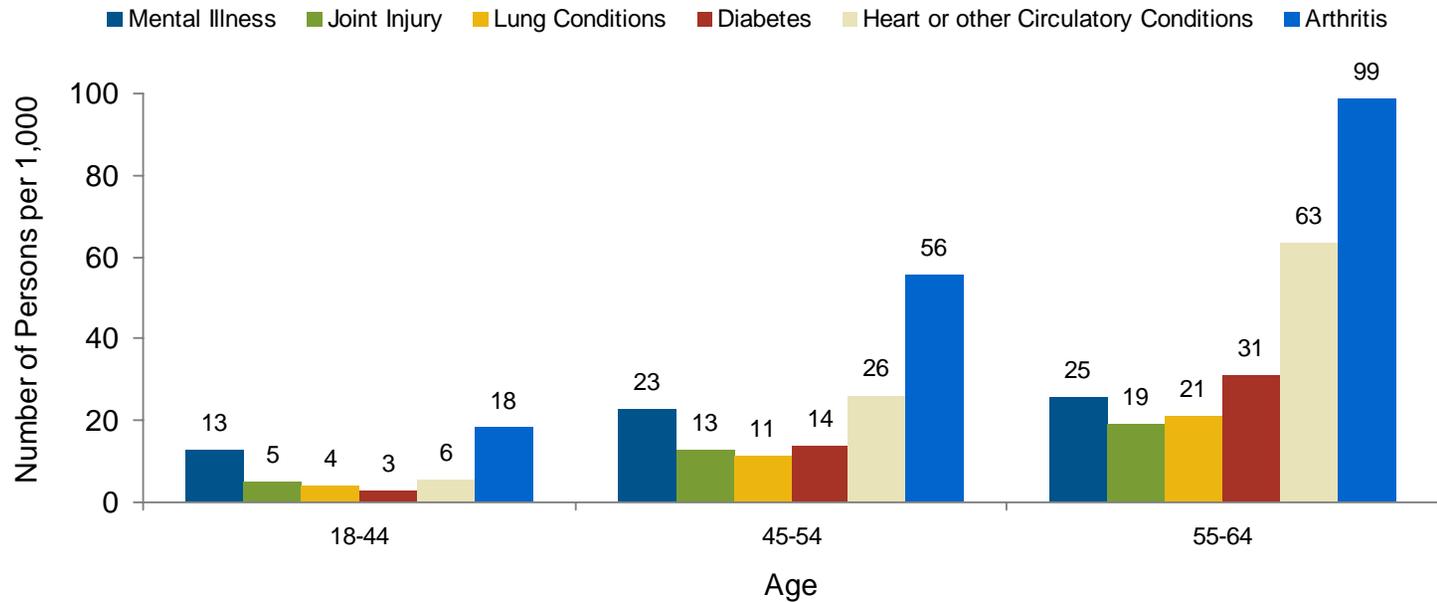
Source: Anderson, G. (2007). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University.

### Chart 7.11: Percent of Population vs. Percent of Spending, by Number of Chronic Conditions, 2004



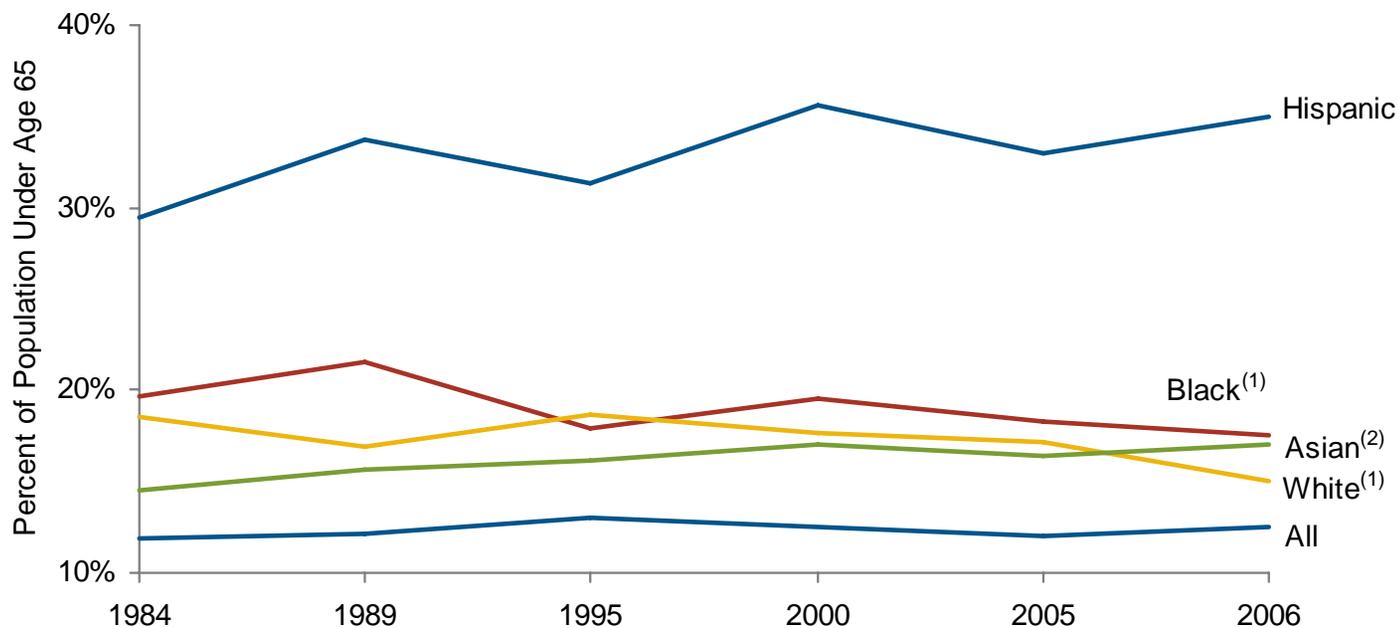
Source: Anderson, G. (2007). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University.

### Chart 7.12: Working Age Adults with Activity Limitations Due to Chronic Conditions, by Condition and Age, 2005 – 2006



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

### Chart 7.13: Percent Uninsured by Race, 1984 – 2006

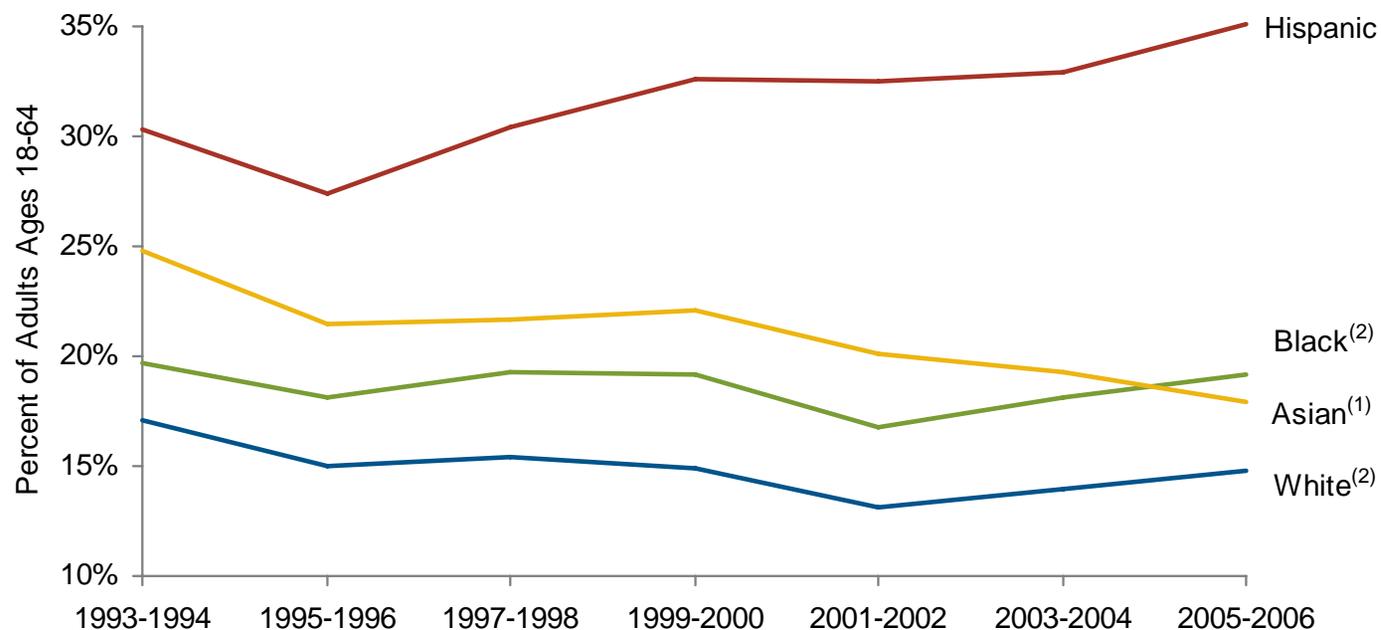


Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> Includes individuals of non-Hispanic origin only.

<sup>(2)</sup> Includes individuals of Hispanic and non-Hispanic origin.

### Chart 7.14: Percent of Adults with No Usual Source of Care by Race, 1993 – 2006

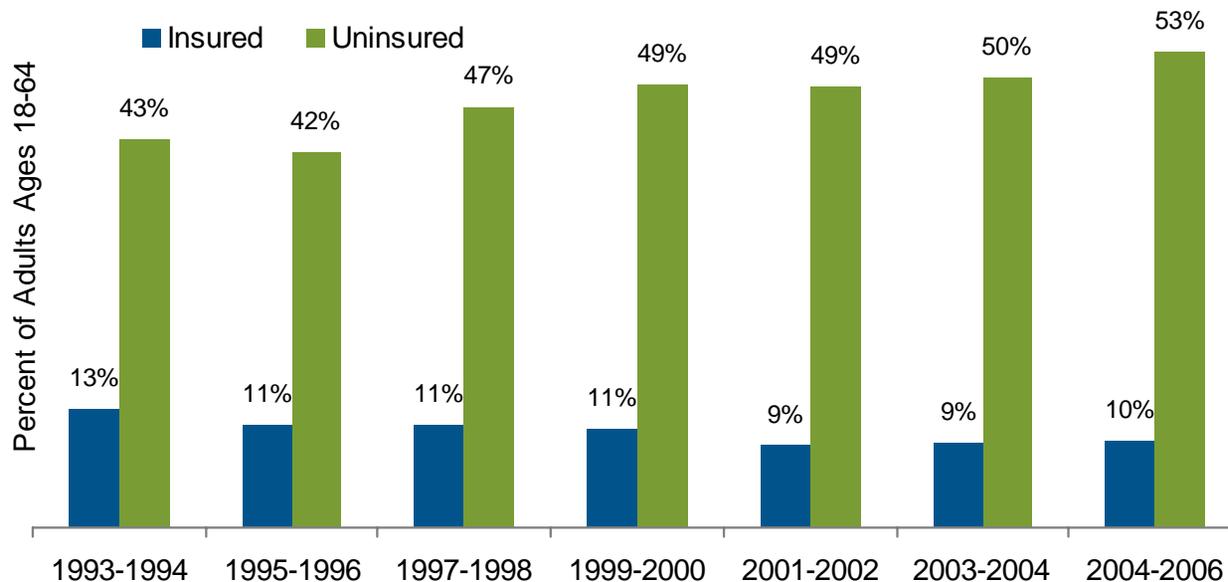


Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

(1) Includes individuals of Hispanic and non-Hispanic origin.

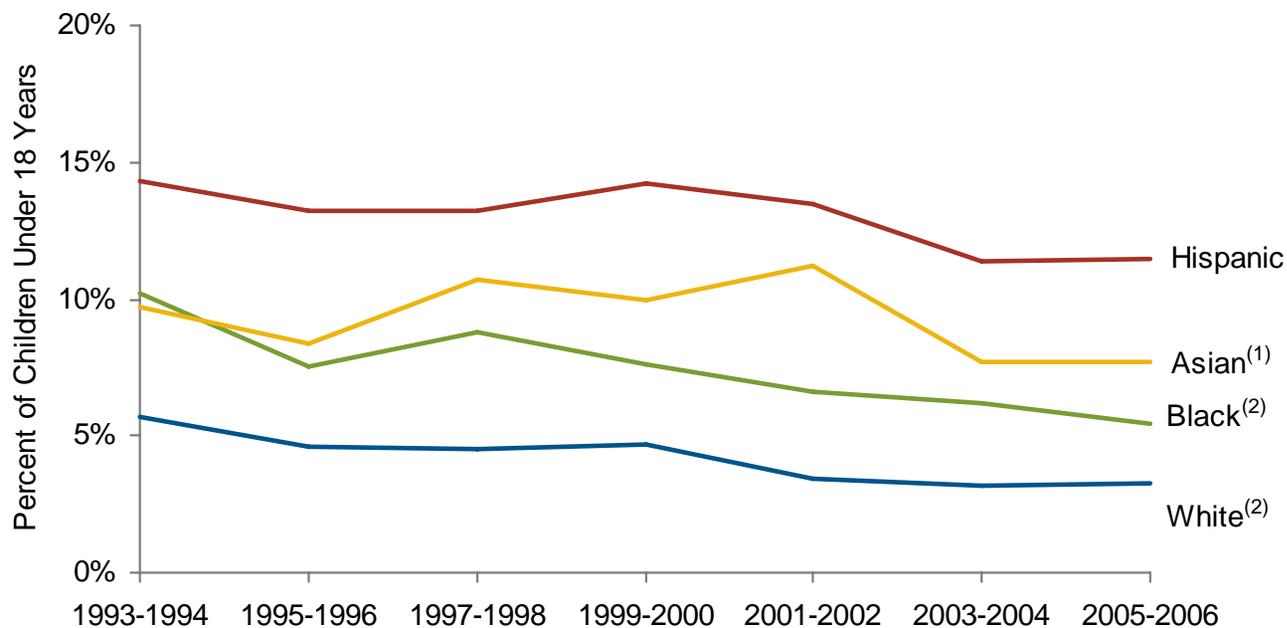
(2) Includes individuals of non-Hispanic origin only.

### Chart 7.15: Percent of Adults with No Usual Source of Care by Insurance Status, 1993 – 2006



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

### Chart 7.16: Percent of Children with No Usual Source of Care by Race, 1993 – 2006

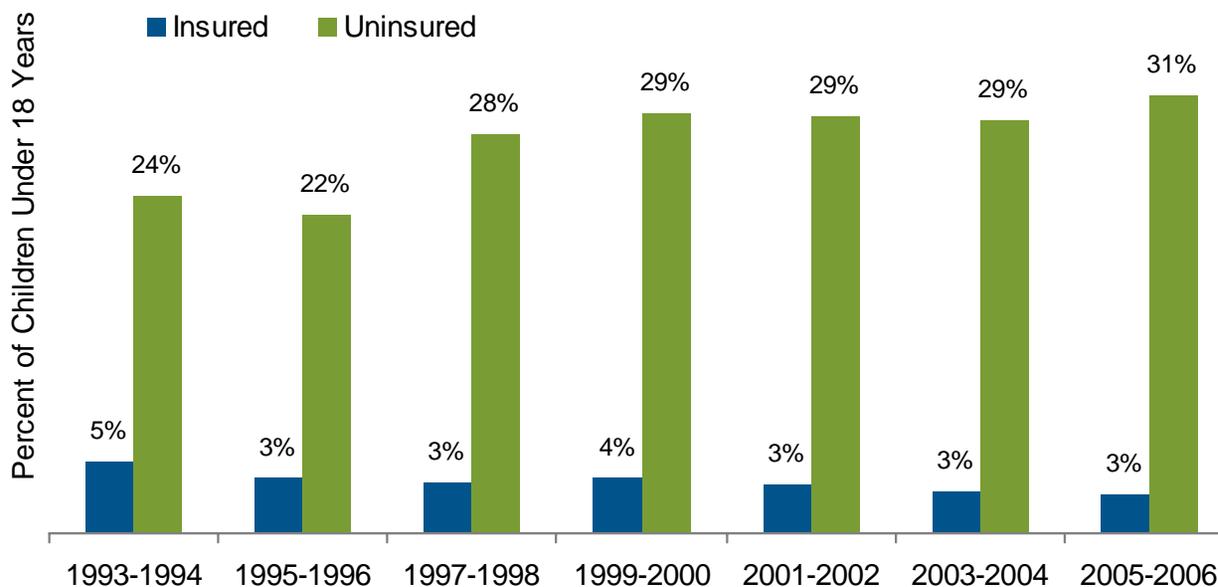


Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> Includes individuals of Hispanic and non-Hispanic origin.

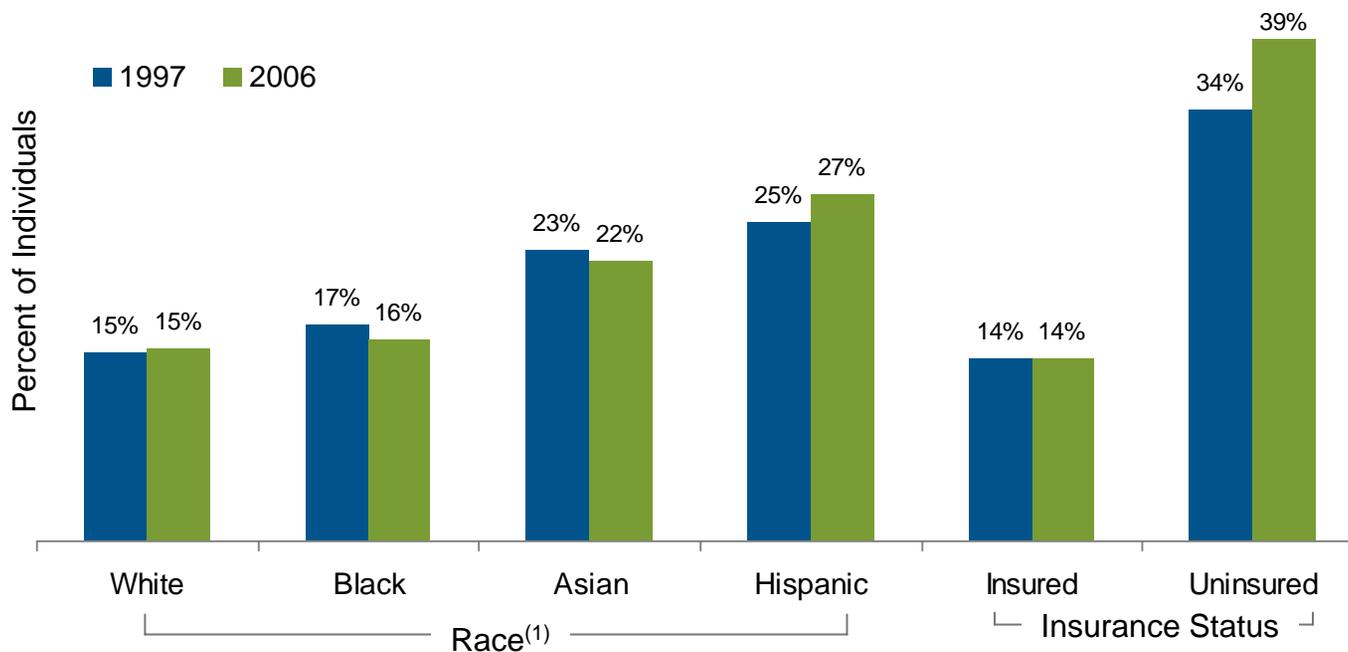
<sup>(2)</sup> Includes individuals of non-Hispanic origin only.

### Chart 7.17: Percent of Children with No Usual Source of Care by Insurance Status, 1993 – 2006



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

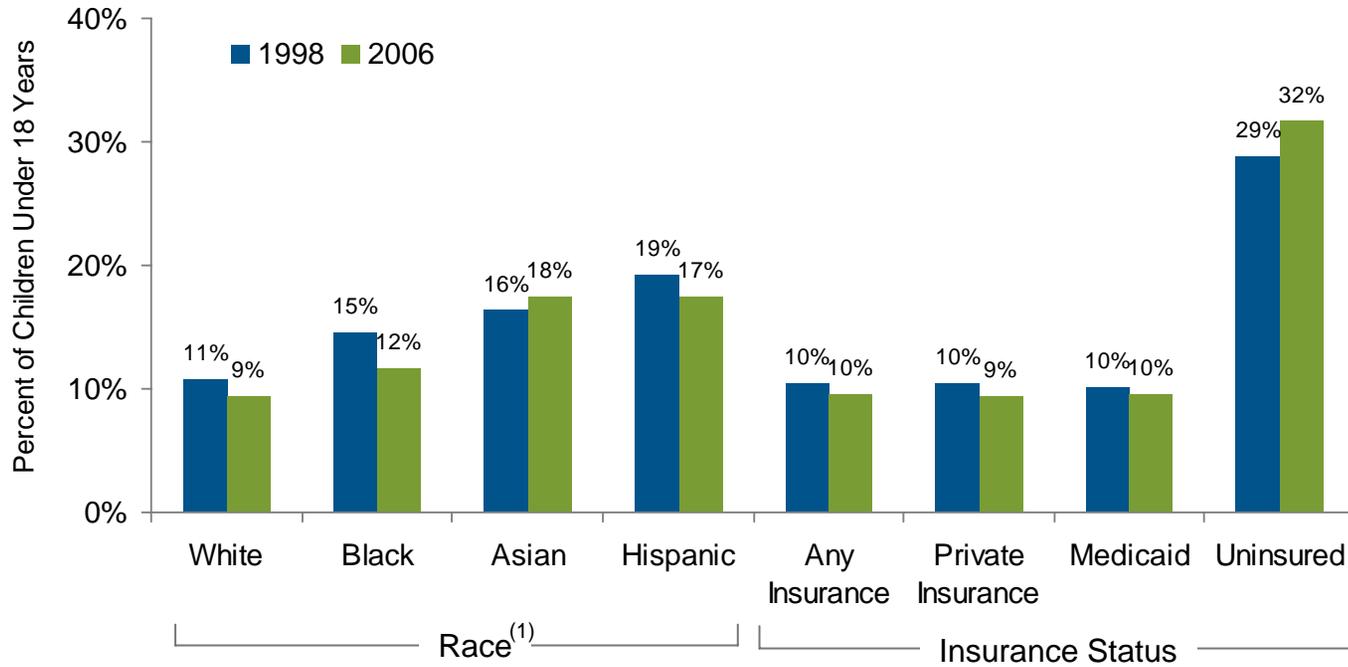
Chart 7.18: Percent of Individuals with No Health Care Visits by Race, Insurance Status, 1997 and 2006



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

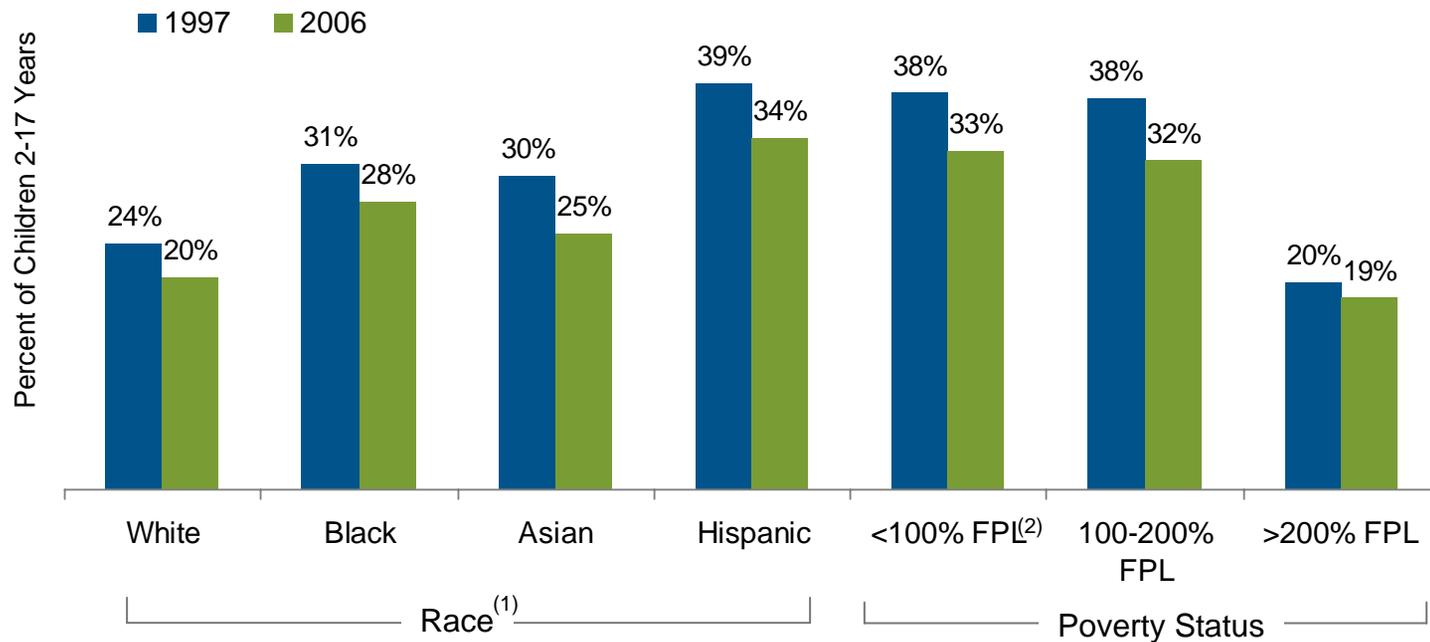
### Chart 7.19: Percent of Children with No Health Care Visits by Race, Insurance Status, 1998 and 2006



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

Chart 7.20: Percent of Children with No Dental Visits by Race, Poverty Status, 1997 and 2006

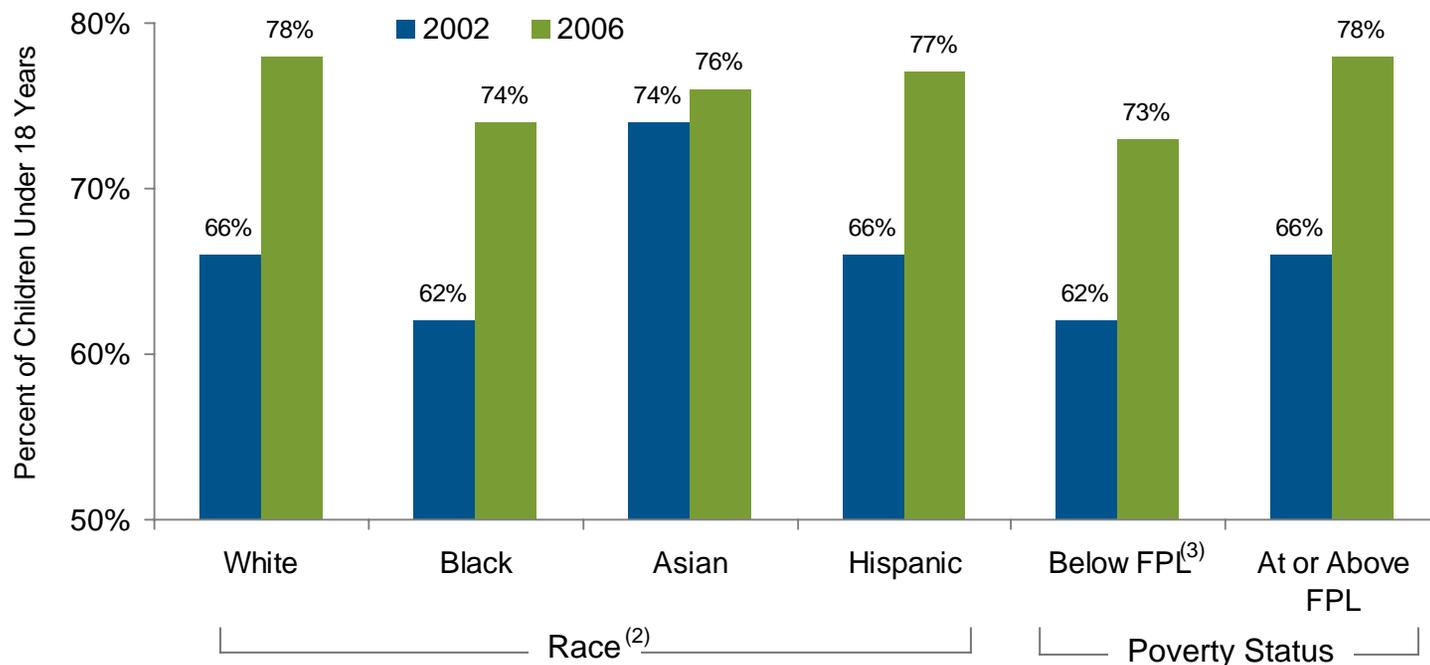


Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

(1) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(2) FPL = federal poverty limit.

Chart 7.21: Percent of Children Vaccinated<sup>(1)</sup> by Race, Poverty Status, 2002 and 2006



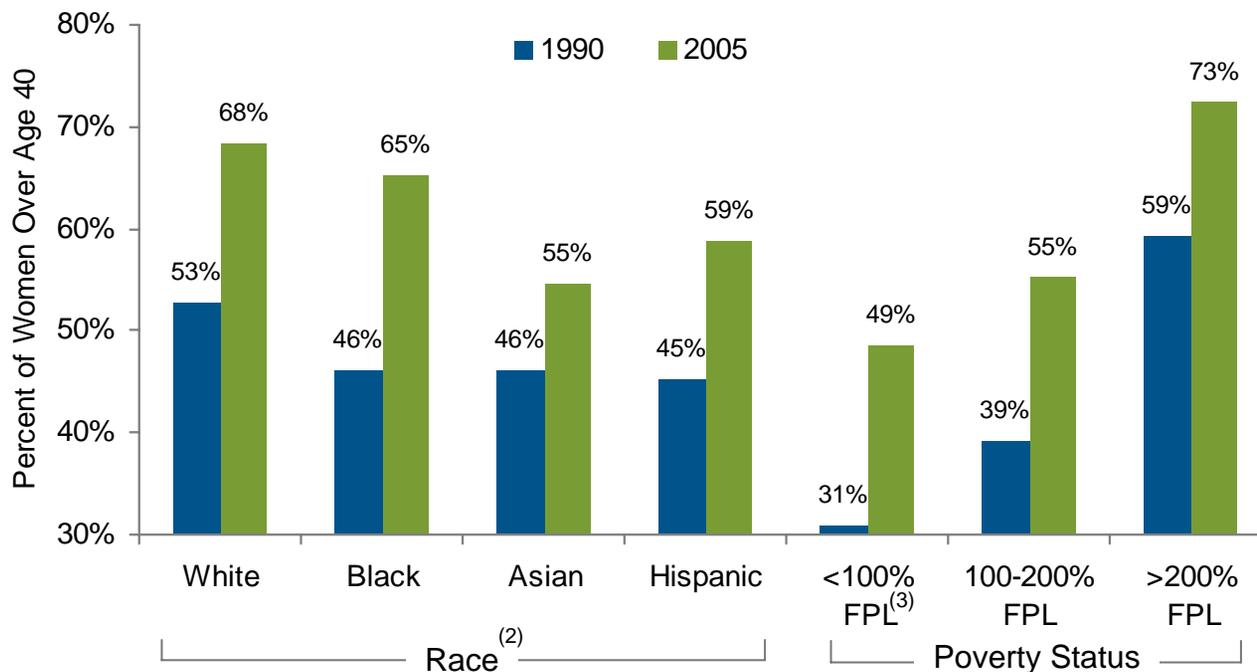
Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

(1) Vaccinations include DTP, Polio, MMR, Hib, Hepatitis B, Varicella, and PCV.

(2) White, Black, and Asian include individuals of non-Hispanic origin only.

(3) FPL = federal poverty limit.

Chart 7.22: Percent of Women<sup>(1)</sup> Receiving Mammography<sup>(2)</sup> by Race, Poverty Status, 1990 and 2005



Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

(1) Women over 40 years of age.

(2) Indicates use of mammography in two years prior to 1990 and 2005.

(3) White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

(4) Note: FPL = federal poverty limit.



# APPENDIX 1

Supplementary Data Tables  
Trends in the Overall  
Health Care Market

Table 1.1: Total National Health Expenditures, 1980 – 2007<sup>(1)</sup>

Year	Total National Health Expenditures				Prescription Drugs Total	
	Total		Per Capita		Nominal Dollars (billions)	Real Dollars <sup>(2)</sup> (billions)
	Nominal Dollars (billions)	Real Dollars <sup>(2)</sup> (billions)	Nominal Dollars	Real Dollars <sup>(2)</sup>		
1980	253.4	253.4	\$1,100	\$1,100	\$12.0	\$12.0
1981	293.6	266.1	\$1,262	\$1,144	\$13.4	\$12.1
1982	330.7	282.4	\$1,407	\$1,202	\$15.0	\$12.8
1983	364.7	301.7	\$1,537	\$1,272	\$17.3	\$14.3
1984	401.6	318.5	\$1,677	\$1,330	\$19.6	\$15.6
1985	439.3	336.4	\$1,818	\$1,392	\$21.8	\$16.7
1986	471.3	354.3	\$1,932	\$1,453	\$24.3	\$18.3
1987	513.0	372.1	\$2,085	\$1,513	\$26.9	\$19.5
1988	574.0	399.8	\$2,315	\$1,612	\$30.6	\$21.3
1989	638.8	424.5	\$2,545	\$1,691	\$34.8	\$23.1
1990	714.1	450.2	\$2,812	\$1,773	\$40.3	\$25.4
1991	781.6	472.9	\$3,041	\$1,840	\$44.4	\$26.9
1992	849.0	498.7	\$3,266	\$1,918	\$47.6	\$27.9
1993	912.5	520.3	\$3,470	\$1,978	\$51.0	\$29.1
1994	962.1	534.9	\$3,617	\$2,011	\$54.3	\$30.2
1995	1,016.3	549.5	\$3,778	\$2,043	\$60.9	\$32.9
1996	1,068.5	561.2	\$3,943	\$2,071	\$68.5	\$36.0
1997	1,124.9	577.5	\$4,106	\$2,108	\$77.6	\$39.8
1998	1,190.1	601.6	\$4,296	\$2,172	\$88.5	\$44.8
1999	1,265.2	625.7	\$4,518	\$2,235	\$104.6	\$51.7
2000	1,353.2	647.5	\$4,782	\$2,288	\$120.6	\$57.7
2001	1,469.4	683.7	\$5,156	\$2,399	\$138.3	\$64.4
2002	1,602.3	733.9	\$5,563	\$2,548	\$157.6	\$72.2
2003	1,734.9	776.9	\$5,962	\$2,670	\$174.2	\$78.0
2004	1,854.8	809.1	\$6,309	\$2,752	\$188.8	\$82.4
2005	1,980.6	835.6	\$6,691	\$2,823	\$199.7	\$84.3
2006	2,112.7	863.5	\$7,066	\$2,888	\$216.8	\$88.6
2007	2,241.2	890.9	\$7,421	\$2,950	\$227.5	\$90.4

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

<sup>(2)</sup> Expressed in 1980 dollars; adjusted using the overall Consumer Price Index for Urban Consumers.

Data for Charts 1.1, 1.3, and 1.10

Table 1.2: Percent Change in National Expenditures for Selected Health Services and Supplies, 1997 – 2007<sup>(1)</sup>

Year	Hospital Care	Prescription Drugs	Admin. & Net Cost of Private Health Insurance	Home Health Care	Nursing Home Care
1997	3.6%	13.3%	-0.6%	2.8%	6.2%
1998	3.2%	14.1%	6.6%	-3.8%	6.0%
1999	5.0%	18.2%	11.4%	-5.1%	1.1%
2000	5.6%	15.4%	14.5%	-3.1%	5.2%
2001	8.2%	14.7%	10.3%	5.5%	6.6%
2002	8.2%	14.0%	18.4%	6.4%	4.1%
2003	7.5%	10.2%	17.7%	11.1%	4.5%
2004	8.6%	8.2%	9.4%	13.3%	4.3%
2005	7.3%	5.8%	3.6%	12.3%	4.9%
2006	7.0%	8.5%	8.8%	9.9%	3.5%
2007	7.3%	4.9%	3.6%	11.3%	4.8%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

Data for Chart 1.7

Table 1.3: National Health Expenditures<sup>(1)</sup>, 1980 – 2018<sup>(2)</sup>

Year	Expenditures (billions)
1980	\$253
1990	\$714
2000	\$1,353
2001	\$1,469
2002	\$1,602
2003	\$1,735
2004	\$1,855
2005	\$1,981
2006	\$2,113
2007	\$2,241
2008	\$2,379
2009	\$2,509
2010	\$2,624
2011	\$2,770
2012	\$2,931
2013	\$3,111
2014	\$3,313
2015	\$3,541
2016	\$3,790
2017	\$4,062
2018	\$4,353

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released February 23, 2009.

<sup>(1)</sup> Years 2008 – 2018 are projections.

<sup>(2)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

Data for Chart 1.8

Table 1.4: Consumer Out-of-pocket Payments for National Health Expenditures, 1990 – 2007<sup>(1)</sup>

Year	Payment (billions)
1990	\$136.2
1991	\$140.1
1992	\$143.3
1993	\$145.1
1994	\$142.8
1995	\$146.1
1996	\$151.8
1997	\$162.1
1998	\$175.2
1999	\$183.7
2000	\$192.6
2001	\$199.5
2002	\$211.2
2003	\$224.6
2004	\$234.9
2005	\$247.0
2006	\$255.0
2007	\$268.6

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

Data for Chart 1.9

Table 1.5: Growth in Total Prescription Drug Spending as a Percentage of Total Growth in National Health Expenditures, 1987 – 2007<sup>(1)</sup>

Year	Percentage
1987	6.23%
1988	6.17%
1989	6.34%
1990	7.35%
1991	6.05%
1992	4.73%
1993	5.38%
1994	6.67%
1995	12.11%
1996	14.54%
1997	16.16%
1998	16.77%
1999	21.39%
2000	18.15%
2001	15.31%
2002	14.42%
2003	12.81%
2004	12.20%
2005	9.01%
2006	12.86%
2007	8.26%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

Data for Chart 1.11

Table 1.6: Consumer Out-of-pocket Spending vs. Private Health Insurance Spending for Prescription Drugs, 1987 – 2007<sup>(1)</sup>

Year	Out-of-pocket Payment (billions)	Private Health Insurance (billions)
1987	\$16.407	\$5.855
1988	\$18.336	\$6.990
1989	\$20.153	\$8.678
1990	\$22.376	\$10.627
1991	\$23.047	\$12.899
1992	\$23.423	\$14.637
1993	\$24.100	\$16.356
1994	\$23.390	\$19.234
1995	\$23.360	\$24.386
1996	\$24.181	\$29.583
1997	\$25.641	\$35.496
1998	\$27.545	\$41.929
1999	\$30.406	\$51.003
2000	\$33.401	\$59.486
2001	\$36.027	\$69.217
2002	\$40.353	\$77.945
2003	\$44.109	\$83.418
2004	\$46.206	\$90.011
2005	\$48.657	\$95.848
2006	\$46.731	\$96.244
2007	\$47.567	\$99.079

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

Data for Chart 1.12

Table 1.7: Number and Percent Uninsured, 1987 – 2007

Year	Number (millions)	Percent
1987	31.0	12.9%
1988	32.7	13.4%
1989	33.4	13.6%
1990	34.7	13.9%
1991	35.4	14.1%
1992	38.6	15.0%
1993	39.7	15.3%
1994	39.7	15.2%
1995	40.6	15.4%
1996	41.7	15.6%
1997	43.4	16.1%
1998	44.3	16.3%
1999	40.2	14.5%
2000	39.8	14.2%
2001	41.2	14.6%
2002	43.6	15.2%
2003	45.0	15.6%
2004	43.5	14.9%
2005	44.8	15.3%
2006	47.0	15.8%
2007	45.7	15.3%

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2007. Data released August 2008. Table 6. People Without Health Insurance Coverage by Selected Characteristics: 2006 and 2007. Link: [http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235\\_table6.pdf](http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235_table6.pdf).

Data for Chart 1.15

Table 1.8: Average Percent Uninsured by State, 2005 – 2007

State	Average Percent Uninsured	State	Average Percent Uninsured
Alabama	13.9%	Montana	16.1%
Alaska	17.3%	Nebraska	12.0%
Arizona	19.6%	Nevada	17.9%
Arkansas	17.5%	New Hampshire	10.5%
California	18.6%	New Jersey	15.2%
Colorado	16.7%	New Mexico	21.9%
Connecticut	9.9%	New York	13.4%
Delaware	11.8%	North Carolina	16.6%
District of Columbia	11.4%	North Dakota	11.1%
Florida	20.5%	Ohio	11.0%
Georgia	17.8%	Oklahoma	18.2%
Hawaii	8.3%	Oregon	16.8%
Idaho	14.7%	Pennsylvania	9.8%
Illinois	13.7%	Rhode Island	10.3%
Indiana	12.3%	South Carolina	16.5%
Iowa	9.4%	South Dakota	11.2%
Kansas	11.8%	Tennessee	13.9%
Kentucky	13.8%	Texas	24.4%
Louisiana	19.4%	Utah	15.6%
Maine	9.5%	Vermont	11.0%
Maryland	13.6%	Virginia	13.6%
Massachusetts	8.3%	Washington	12.1%
Michigan	10.8%	West Virginia	14.9%
Minnesota	8.5%	Wisconsin	8.8%
Mississippi	18.8%	Wyoming	14.3%
Missouri	12.5%		

Source: US Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2007. Data released August 2008. Link: [http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235\\_table8.pdf](http://www.census.gov/hhes/www/hlthins/hlthin07/p60no235_table8.pdf).

Data for Chart 1.16

Table 1.9: Medicaid Enrollees,<sup>(1)</sup> 1990, 1995, 2000 – 2007

<b>(in millions)</b>	<b>1990</b>	<b>1995</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Aged</b>	3.2	4.2	4.6	4.8	4.5	4.8	5.1	5.4	5.5	5.6
<b>Blind/Disabled</b>	3.7	6.0	7.5	8.0	7.9	8.3	8.9	9.4	9.8	9.6
<b>Children</b>	11.2	17.6	22.0	23.7	25.5	25.3	27.8	28.3	29.5	29.5
<b>Adults</b>	6.0	7.8	10.4	12.0	12.9	14.0	15.4	15.5	16.0	15.7
<b>Other Title XIX</b>	1.1	0.6								
<b>Total</b>	25.3	36.3	44.5	48.4	50.9	52.4	57.3	58.6	60.9	60.5

Source: Congressional Budget Office. Data released March 2008. Fact Sheet for CBO's March 2008 Baseline: Medicaid. Link: <http://www.cbo.gov/budget/factsheets/2008b/medicaidBaseline.pdf>.

<sup>(1)</sup> Does not include SCHIP Enrollees.

Data for Chart 1.18

Table 1.10: Percent Change in SCHIP Enrollment by State, FY 2006 – FY 2007 <sup>(1)</sup>

State	Percent Change FY 06 - FY 07	State	Percent Change FY 06 - FY 07
Alabama	27%	Montana	16%
Alaska	-14%	Nebraska	3%
Arizona	8%	Nevada	6%
Arkansas	0%	New Hampshire	-2%
California	11%	New Jersey	5%
Colorado	21%	New Mexico	-34%
Connecticut	1%	New York	-5%
Delaware	4%	North Carolina	-3%
District of Columbia	4%	North Dakota	-13%
Florida	7%	Ohio	4%
Georgia	4%	Oklahoma	1%
Hawaii	9%	Oregon	7%
Idaho	34%	Pennsylvania	20%
Illinois	9%	Rhode Island	2%
Indiana	-2%	South Carolina	-13%
Iowa	1%	South Dakota	3%
Kansas	1%	Tennessee	Unknown
Kentucky	5%	Texas	21%
Louisiana	8%	Utah	-14%
Maine	0%	Vermont	-6%
Maryland	-2%	Virginia	5%
Massachusetts	-8%	Washington	-2%
Michigan	-4%	West Virginia	-3%
Minnesota	1%	Wisconsin	10%
Mississippi	-2%	Wyoming	11%
Missouri	-23%		

Source: Centers for Medicare & Medicaid Services. Data released February 2008. Number of Children Ever Enrolled by Program Type.

<sup>(1)</sup> 2006 figure reflects revised data released by Centers for Medicare & Medicaid Services on February 7, 2008.

Data for Chart 1.20

Table 1.11: Percentage of Employees with Employer-based Coverage Who Can Choose Conventional, PPO, HMO, POS, and HDHP/SO Plans, 1988 – 2008

	1988	1996	1999	2002	2005	2006	2007	2008
<b>Conventional<sup>(1)</sup></b>	90%	52%	26%	14%	12%	10%	10%	8%
<b>PPO</b>	18%	45%	62%	74%	82%	79%	79%	77%
<b>HMO</b>	46%	64%	56%	50%	44%	43%	42%	41%
<b>POS<sup>(2)</sup></b>		30%	45%	34%	28%	23%	21%	24%
<b>HDHP/SO<sup>(3)</sup></b>						14%	18%	25%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2008. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008. Link: <http://ehbs.kff.org/pdf/7790.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.21

Table 1.12: Percent Distribution of Employer-sponsored Health Insurance Enrollment by Type of Plan, 1988 – 2008

	1988	1996	1999	2002	2005	2006	2007	2008
<b>Conventional<sup>(1)</sup></b>	73%	27%	10%	4%	3%	3%	3%	2%
<b>PPO</b>	11%	28%	39%	52%	61%	60%	57%	58%
<b>HMO</b>	16%	31%	28%	27%	21%	20%	21%	20%
<b>POS<sup>(2)</sup></b>		14%	24%	18%	15%	13%	13%	12%
<b>HDHP/SO<sup>(3)</sup></b>						4%	5%	8%

Source: The Kaiser Family Foundation and Health Research and Educational Trust. Data Released 2008. Employer Health Benefits: 1999, 2002, 2005, 2006, 2007, 2008. Link: <http://ehbs.kff.org/pdf/7790.pdf>. KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1996.

(1) Conventional plans refer to traditional indemnity plans.

(2) Point-of-service plans not separately identified in 1988.

(3) In 2006, the survey began asking about HDHP/SO, high deductible health plans with a savings option.

Data for Chart 1.22

Table 1.13: Growth in Medicare Spending per Beneficiary vs. Private Health Insurance Spending per Enrollee, 1987 – 2007<sup>(1)</sup>

Year	Growth in Medicare Spending per Beneficiary	Growth in Private Health Insurance Spending per Enrollee
1987	6.1%	10.8%
1988	4.5%	14.7%
1989	9.4%	12.6%
1990	7.1%	13.0%
1991	6.6%	10.5%
1992	8.9%	7.8%
1993	6.7%	5.5%
1994	7.6%	2.3%
1995	7.2%	2.9%
1996	5.3%	2.2%
1997	4.2%	3.7%
1998	0.1%	4.5%
1999	2.4%	3.9%
2000	3.3%	7.1%
2001	8.6%	9.5%
2002	5.6%	9.7%
2003	5.0%	9.7%
2004	6.8%	7.2%
2005	6.4%	7.0%
2006	3.4%	7.8%
2007	3.0%	7.5%

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Data released January 6, 2009.

<sup>(1)</sup> CMS completed a benchmark revision in 2006, introducing changes in methods, definitions and source data that are applied to the entire time series (back to 1960). For more information on this revision, see <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/benchmark.pdf>.

Data for Chart 1.24

Table 1.14: Percentage of Medicaid Beneficiaries Enrolled in Medicaid Managed Care by State, 2006 and 2007

State	% Enrolled		State	% Enrolled	
	06	07		06	07
Alabama	63.3%	65.1%	Montana	66.9%	55.8%
Alaska	0.0%	0.0%	Nebraska	80.9%	81.2%
Arizona	89.6%	90.0%	Nevada	82.4%	84.8%
Arkansas	83.0%	81.7%	New Hampshire	74.9%	77.3%
California	50.3%	50.8%	New Jersey	69.4%	70.6%
Colorado	95.1%	94.1%	New Mexico	65.2%	61.9%
Connecticut	75.6%	73.7%	New York	61.1%	62.1%
Delaware	76.5%	66.9%	North Carolina	64.9%	64.4%
District of Columbia	67.8%	64.7%	North Dakota	55.6%	56.0%
Florida	65.5%	61.7%	Ohio	39.9%	69.5%
Georgia	97.7%	64.2%	Oklahoma	85.9%	69.5%
Hawaii	80.0%	79.9%	Oregon	90.3%	90.8%
Idaho	81.4%	84.8%	Pennsylvania	86.3%	81.2%
Illinois	7.3%	28.4%	Rhode Island	65.8%	63.1%
Indiana	72.1%	72.6%	South Carolina	20.2%	22.9%
Iowa	86.5%	77.4%	South Dakota	98.3%	98.6%
Kansas	57.0%	51.1%	Tennessee	100.0%	100.0%
Kentucky	92.4%	62.8%	Texas	68.6%	67.3%
Louisiana	71.2%	68.1%	Utah	86.9%	82.3%
Maine	66.7%	67.4%	Vermont	64.7%	84.3%
Maryland	70.0%	72.4%	Virginia	63.2%	64.2%
Massachusetts	60.4%	59.3%	Washington	86.6%	85.5%
Michigan	84.9%	88.4%	West Virginia	46.3%	44.6%
Minnesota	63.7%	61.8%	Wisconsin	46.7%	48.2%
Mississippi	10.2%	0.0%	Wyoming	0.0%	0.0%
Missouri	99.5%	41.9%	<b>Nation</b>	<b>65.3%</b>	<b>64.1%</b>

Source: Centers for Medicare & Medicaid Services, Office of the Actuary. Medicaid Managed Care Enrollment Report as of June 30, 2007. Data for 2007 updated per email correspondence with CMS in September 2008.

Data for Chart 1.26

Table 1.15: Operating Margins of the Top Insurers, 2005 – 2007

	2005	2006	2007
<b>Aetna</b>	11.9%	10.9%	10.6%
<b>WellPoint</b>	9.1%	9.3%	9.3%
<b>United HealthCare</b>	11.8%	9.8%	10.4%
<b>Cigna</b>	10.7%	10.5%	9.3%
<b>Humana</b>	3.2%	3.9%	5.4%

Source: Hoovers. Data for all years updated as of February 2009. Link: [www.hoovers.com](http://www.hoovers.com).

Data for Chart 1.29



# APPENDIX 2

Supplementary Data Tables  
Organizational Trends

Table 2.1: Number of Community Hospitals,<sup>(1)</sup> 1987 – 2007

Year	All Hospitals	Urban	Rural	In Health System <sup>(2)</sup>
1987	5,611	3,012	2,599	-
1988	5,533	2,984	2,549	-
1989	5,455	2,958	2,497	-
1990	5,384	2,924	2,460	-
1991	5,342	2,921	2,421	-
1992	5,292	3,007	2,285	-
1993	5,261	3,012	2,249	-
1994	5,229	2,993	2,236	-
1995	5,194	2,958	2,236	-
1996	5,134	2,908	2,226	-
1997	5,057	2,852	2,205	-
1998	5,015	2,816	2,199	-
1999	4,956	2,767	2,189	2,524
2000	4,915	2,740	2,175	2,542
2001	4,908	2,742	2,166	2,580
2002	4,927	2,749	2,178	2,606
2003	4,895	2,729	2,166	2,626
2004	4,919	2,916	2,003	2,668
2005	4,936	2,927	2,009	2,716
2006	4,927	2,926	2,001	2,755
2007	4,897	2,900	1,997	2,730

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> All nonfederal, short-term general, and specialty hospitals whose facilities and services are available to the public.

<sup>(2)</sup> Data on the number of urban and rural hospitals in 2004 and beyond were collected using coding different from previous years to reflect new Centers for Medicare & Medicaid Services wage area designations.

Data for Charts 2.1 and 2.4

Table 2.2: Number of Beds and Number of Beds per 1,000 Persons, 1987 – 2007

Year	Number of Beds	Beds per 1,000
1987	956,529	3.95
1988	944,276	3.86
1989	932,185	3.78
1990	926,436	3.72
1991	922,822	3.66
1992	919,505	3.61
1993	917,847	3.56
1994	901,056	3.46
1995	871,976	3.32
1996	862,352	3.25
1997	853,287	3.19
1998	839,988	3.11
1999	829,575	3.04
2000	823,560	2.93
2001	825,966	2.90
2002	820,653	2.85
2003	813,307	2.80
2004	808,127	2.75
2005	802,311	2.71
2006	802,658	2.68
2007	800,892	2.66

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Chart 2.2

Table 2.3: Beds per 1,000 Persons by State, 2006 and 2007

State	Beds per 1,000 Persons		State	Beds per 1,000 Persons	
	06	07		06	07
Alabama	3.40	3.39	Montana	4.33	4.18
Alaska	2.31	2.27	Nebraska	4.17	4.21
Arizona	1.94	1.92	Nevada	1.93	1.97
Arkansas	3.31	3.35	New Hampshire	2.15	2.16
California	1.92	1.90	New Jersey	2.53	2.48
Colorado	2.00	2.00	New Mexico	1.80	1.88
Connecticut	2.28	2.14	New York	3.29	3.23
Delaware	2.51	2.65	North Carolina	2.65	2.56
District of Columbia	6.19	5.81	North Dakota	5.58	5.45
Florida	2.84	2.83	Ohio	2.86	2.87
Georgia	2.65	2.67	Oklahoma	3.01	3.00
Hawaii	2.31	2.28	Oregon	1.79	1.83
Idaho	2.25	2.20	Pennsylvania	3.18	3.20
Illinois	2.66	2.69	Rhode Island	2.24	2.32
Indiana	2.86	2.69	South Carolina	2.73	2.73
Iowa	3.52	3.52	South Dakota	5.53	5.33
Kansas	3.62	3.63	Tennessee	3.37	3.52
Kentucky	3.46	3.40	Texas	2.51	2.43
Louisiana	3.70	3.61	Utah	1.78	1.73
Maine	2.64	2.66	Vermont	2.10	2.19
Maryland	2.04	2.09	Virginia	2.26	2.19
Massachusetts	2.54	2.56	Washington	1.71	1.75
Michigan	2.60	2.52	West Virginia	3.96	4.10
Minnesota	3.07	3.04	Wisconsin	2.54	2.50
Mississippi	4.46	4.36	Wyoming	3.99	3.96
Missouri	3.23	3.14			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.  
 US Census Bureau: National and State Population Estimates, July 1, 2007.  
 Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

Data for Chart 2.3

Table 2.4: Percent of Outpatient Surgeries by Facility Type, 1981 – 2005

Year	Hospital-owned Facilities	Freestanding Facilities	Physician Offices
1981	93%	4%	3%
1983	89%	6%	5%
1985	86%	9%	5%
1987	83%	12%	5%
1989	80%	15%	5%
1991	76%	17%	7%
1993	69%	22%	9%
1995	63%	25%	12%
1997	57%	28%	15%
1999	53%	31%	16%
2001	51%	33%	16%
2003	47%	37%	16%
2005 <sup>(1)</sup>	45%	38%	17%

Source: Verispan, *Diagnostic Imaging Center Profiling Solution*, 2004.

<sup>(1)</sup> 2005 values are estimated based upon current trends.

Data for Chart 2.5

Table 2.5: Percentage of Hospitals with Physician Affiliates<sup>(1)</sup> by Type of Relationship, 1997 – 2007

	97	98	99	00	01	02	03	04	05	06	07
<b>Physician Hospital Organization</b>	29%	29%	27%	25%	23%	22%	21%	19%	19%	19%	19%
<b>IPA</b>	21%	19%	18%	17%	17%	16%	16%	15%	14%	14%	13%
<b>Management Service Organization</b>	19%	17%	16%	13%	11%	11%	10%	9%	9%	9%	9%
<b>Group Practice without Walls</b>	6%	5%	4%	4%	5%	4%	4%	3%	4%	3%	3%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> A hospital is considered to have a physician relationship if the relationship exists as part of the hospital or a system or network of which the hospital is a part.

Data for Chart 2.7

Table 2.6: Percentage of Hospitals with Insurance Products by Type of Insurance, 1997 – 2007

	97	98	99	00	01	02	03	04	05	06	07
<b>Preferred Provider Organization</b>	31%	26%	23%	21%	18%	19%	19%	18%	19%	18%	16%
<b>Health Maintenance Organization</b>	23%	22%	20%	18%	15%	14%	14%	14%	14%	13%	12%
<b>Indemnity or Fee-for-service</b>	10%	8%	6%	6%	5%	5%	6%	6%	6%	6%	6%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Chart 2.8

Table 2.7: Percentage of Hospitals Offering “Non-hospital” Services,<sup>(1)</sup> 1997 – 2007

	97	98	99	00	01	02	03	04	05	06	07
<b>Home Health Service</b>	78%	76%	72%	69%	66%	65%	64%	64%	63%	63%	63%
<b>Skilled Nursing Facility</b>	52%	53%	49%	49%	48%	46%	45%	43%	42%	42%	41%
<b>Other Long-term Care</b>	15%	12%	11%	11%	11%	12%	13%	14%	14%	14%	14%
<b>Assisted Living</b>	11%	13%	14%	15%	15%	15%	16%	16%	16%	16%	15%
<b>Hospice</b>	56%	59%	57%	54%	54%	55%	57%	59%	60%	62%	63%
<b>Meals on Wheels</b>	25%	26%	25%	26%	25%	25%	24%	24%	23%	23%	22%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Includes services offered in hospital, health system, network or joint venture.

Data for Chart 2.9



# APPENDIX 3

Supplementary Data Tables  
Utilization and Volume

Table 3.1: Trends in Inpatient Utilization in Community Hospitals, 1987 – 2007

Year	Inpatient Admissions in Community Hospitals	Inpatient Admissions per 1,000	Total Inpatient Days in Community Hospitals	Inpatient Days per 1,000	Inpatient Surgeries	Average Length of Stay
1987	31,600,817	130.4	227,014,903	937.0	11,691,429	7.2
1988	31,452,835	128.6	226,875,042	927.9	11,383,578	7.2
1989	31,116,048	126.1	225,436,505	913.4	10,989,409	7.2
1990	31,181,046	125.3	225,971,653	908.4	10,844,916	7.2
1991	31,064,283	123.2	222,858,470	883.9	10,693,243	7.2
1992	31,033,557	121.7	221,047,104	866.8	10,552,378	7.1
1993	30,748,051	119.3	215,888,741	837.6	10,181,703	7.0
1994	30,718,136	118.0	207,180,278	796.0	9,833,938	6.7
1995	30,945,357	117.8	199,876,367	760.7	9,700,613	6.5
1996	31,098,959	117.2	193,747,004	730.4	9,545,612	6.2
1997	31,576,960	118.0	192,504,015	719.3	9,509,081	6.1
1998	31,811,673	117.8	191,430,450	709.0	9,735,705	6.0
1999	32,359,042	118.7	191,884,270	703.7	9,539,593	5.9
2000	33,089,467	117.6	192,420,368	683.7	9,729,336	5.8
2001	33,813,589	118.7	194,106,316	681.6	9,779,583	5.7
2002	34,478,280	119.7	196,690,099	682.7	10,105,010	5.7
2003	34,782,742	119.6	196,649,769	676.3	9,940,922	5.7
2004	35,086,061	119.5	197,564,172	672.8	10,050,346	5.6
2005	35,238,673	118.8	197,073,770	664.7	10,097,271	5.6
2006	35,377,659	118.2	196,366,512	655.9	10,095,683	5.6
2007	35,345,986	117.2	194,549,348	645.0	10,189,630	5.5

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.  
Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

Data for Charts 3.1, 3.2, 3.3, 3.4, 3.5, and 3.14

Table 3.2: Average Length of Stay in Community Hospitals by State, 2006 and 2007

State	Average Length of Stay		State	Average Length of Stay	
	06	07		06	07
Alabama	5.2	5.1	Montana	9.1	9.0
Alaska	5.8	6.0	Nebraska	7.7	7.5
Arizona	4.5	4.5	Nevada	5.3	5.2
Arkansas	5.2	5.2	New Hampshire	5.4	5.4
California	5.3	5.2	New Jersey	5.3	5.2
Colorado	5.1	5.1	New Mexico	4.7	4.5
Connecticut	5.7	5.4	New York	7.2	7.2
Delaware	6.4	6.3	North Carolina	6.0	5.9
District of Columbia	7.0	6.7	North Dakota	8.6	8.7
Florida	5.2	5.2	Ohio	5.0	5.0
Georgia	6.5	6.5	Oklahoma	5.1	5.2
Hawaii	7.5	7.2	Oregon	4.4	4.4
Idaho	4.8	4.9	Pennsylvania	5.4	5.5
Illinois	5.1	5.0	Rhode Island	5.4	5.2
Indiana	5.2	5.1	South Carolina	5.9	5.8
Iowa	6.2	6.2	South Dakota	10.5	10.1
Kansas	6.1	6.2	Tennessee	5.6	5.5
Kentucky	5.3	5.2	Texas	5.2	5.2
Louisiana	5.7	5.5	Utah	4.4	4.5
Maine	5.6	5.5	Vermont	6.5	6.8
Maryland	4.6	4.6	Virginia	5.7	5.5
Massachusetts	5.3	5.2	Washington	4.5	4.5
Michigan	5.2	5.2	West Virginia	5.7	5.8
Minnesota	6.2	6.2	Wisconsin	5.3	5.2
Mississippi	6.5	6.4	Wyoming	8.0	8.0
Missouri	5.2	5.2			

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Chart 3.6

Table 3.3: Emergency Department Visits, Emergency Department Visits per 1,000, and Number of Emergency Departments, 1991 – 2007

Year	ED Visits (millions)	ED Visits per 1,000	Emergency Departments <sup>(1)</sup>
1991	88.5	351	5,108
1992	90.8	356	5,035
1993	92.6	359	4,998
1994	90.5	348	4,960
1995	94.7	360	4,923
1996	93.1	351	4,884
1997	92.8	347	4,813
1998	94.8	351	4,771
1999	99.5	365	4,679
2000	103.1	366	4,650
2001	106.0	372	4,621
2002	110.0	382	4,620
2003	111.0	382	4,570
2004	112.6	383	4,595
2005	114.8	387	4,611
2006	118.4	395	4,587
2007	120.8	401	4,565

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals. US Census Bureau: National and State Population Estimates, July 1, 2007.

Link: <http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>.

<sup>(1)</sup> Defined as hospitals reporting ED visits in the AHA Annual Survey.

Data for Charts 3.7 and 3.8

Table 3.4: Outpatient Utilization in Community Hospitals, 1987 – 2007

Year	Total Outpatient Visits	Outpatient Visits per 1,000	Outpatient Surgeries
1987	244,495,134	1,009.1	9,126,205
1988	268,290,801	1,097.3	10,027,560
1989	284,815,681	1,153.9	10,350,871
1990	300,514,516	1,208.0	11,069,952
1991	321,044,324	1,273.4	11,711,808
1992	347,847,202	1,364.1	12,307,594
1993	366,533,432	1,422.0	12,624,292
1994	382,780,358	1,470.6	13,154,838
1995	413,748,403	1,574.6	13,462,304
1996	439,863,107	1,658.3	14,023,651
1997	450,140,010	1,681.9	14,678,290
1998	474,193,468	1,756.3	15,593,614
1999	495,346,286	1,816.5	15,845,492
2000	521,404,976	1,852.8	16,383,374
2001	538,480,378	1,890.8	16,684,726
2002	556,404,212	1,931.1	17,361,176
2003	563,186,046	1,936.7	17,165,616
2004	571,569,334	1,946.5	17,351,490
2005	584,428,736	1,971.0	17,445,587
2006	599,553,025	2,002.5	17,235,141
2007	603,300,374	2,000.2	17,146,334

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Charts 3.12, 3.13, and 3.14



# APPENDIX 4

Supplementary Data Tables  
Trends in Hospital Financing

Table 4.1: Aggregate Total Hospital Margins,<sup>(1)</sup> Operating Margins,<sup>(2)</sup> and Patient Margins;<sup>(3)</sup> Percentage of Hospitals with Negative Total Margins; and Aggregate Non-operating Gains as a Percentage of Total Net Revenue, 1987 – 2007

Year	Aggregate Total Hospital Margins	Aggregate Operating Margins	Aggregate Patient Margins	Percent of Hospitals with Negative Total Margins	Percent of Hospitals with Negative Operating Margins	Aggregate Non-operating Gains as a Percentage of Total Net Revenue
1987	4.2%			31.4%		2.3%
1988	3.3%			32.5%		2.4%
1989	3.4%			30.8%		2.5%
1990	3.8%	1.7%	-4.2%	27.1%		2.1%
1991	4.3%	2.2%	-3.6%	24.7%		2.1%
1992	4.6%	2.7%	-2.7%	23.8%		1.9%
1993	4.2%	2.5%	-3.2%	24.2%		1.8%
1994	4.8%	3.4%	-2.8%	22.4%		1.5%
1995	5.6%	3.9%	-2.2%	20.4%	28.0%	1.8%
1996	6.7%	4.6%	-1.0%	19.4%	27.7%	2.3%
1997	6.7%	4.0%	-1.7%	20.4%	28.9%	2.7%
1998	5.8%	3.1%	-3.0%	26.6%	36.1%	2.8%
1999	4.6%	2.1%	-4.3%	32.5%	41.9%	2.6%
2000	4.6%	2.0%	-4.2%	32.0%	42.2%	2.6%
2001	4.2%	2.7%	-3.6%	29.4%	36.7%	1.6%
2002	4.4%	3.7%	-2.3%	29.3%	33.4%	0.8%
2003	4.8%	3.3%	-2.8%	29.9%	35.9%	1.5%
2004	5.2%	3.6%	-2.3%	26.5%	33.4%	1.7%
2005	5.3%	3.7%	-2.0%	25.4%	32.0%	1.7%
2006	6.0%	4.0%	-2.1%	24.3%	31.8%	2.1%
2007	6.9%	4.3%	-1.7%	21.6%	30.2%	2.7%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Total Hospital Margin is calculated as the difference between total net revenue and total expenses divided by total net revenue.

<sup>(2)</sup> Operating Margin is calculated as the difference between operating revenue and total expenses divided by operating revenue.

<sup>(3)</sup> Patient Margin is calculated as the difference between net patient revenue and total expenses divided by net patient revenue.

Data for Charts 4.1, 4.2, and 4.8

Table 4.2: Distribution of Inpatient vs. Outpatient Revenues, 1987 – 2007

Year	Gross Outpatient Revenue	Gross Inpatient Revenue
1987	19%	81%
1988	21%	79%
1989	21%	79%
1990	23%	77%
1991	24%	76%
1992	25%	75%
1993	27%	73%
1994	28%	72%
1995	30%	70%
1996	31%	69%
1997	33%	67%
1998	33%	67%
1999	34%	66%
2000	35%	65%
2001	35%	65%
2002	35%	65%
2003	35%	65%
2004	36%	64%
2005	37%	63%
2006	38%	62%
2007	38%	62%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Chart 4.3

Table 4.3: Annual Change in Hospital Operating Revenue and Expenses per Adjusted Admission,<sup>(1)</sup> 1987 – 2007

Year	Expenses per Adjusted Admission	Operating Revenue per Adjusted Admission	Percent Change Expenses	Percent Change Operating Revenue
1987	\$3,850	\$3,929	9.0%	8.0%
1988	\$4,207	\$4,245	9.3%	8.1%
1989	\$4,588	\$4,628	9.1%	9.0%
1990	\$4,947	\$5,034	7.8%	8.8%
1991	\$5,360	\$5,481	8.3%	8.9%
1992	\$5,794	\$5,958	8.1%	8.7%
1993	\$6,132	\$6,290	5.8%	5.6%
1994	\$6,230	\$6,446	1.6%	2.5%
1995	\$6,216	\$6,466	-0.2%	0.3%
1996	\$6,225	\$6,522	0.2%	0.9%
1997	\$6,262	\$6,526	0.6%	0.1%
1998	\$6,386	\$6,589	2.0%	1.0%
1999	\$6,509	\$6,647	1.9%	0.9%
2000	\$6,668	\$6,806	2.5%	2.4%
2001	\$6,980	\$7,172	4.7%	5.4%
2002	\$7,355	\$7,636	5.4%	6.5%
2003	\$7,796	\$8,065	6.0%	5.6%
2004	\$8,166	\$8,469	4.7%	5.0%
2005	\$8,535	\$8,865	4.5%	4.7%
2006	\$8,970	\$9,345	5.1%	5.4%
2007	\$9,377	\$9,797	4.5%	4.8%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Chart 4.4

Table 4.4: Aggregate Hospital Payment-to-Cost Ratios for Private Payers, Medicare and Medicaid, 1987 – 2007

Year	Medicare	Medicaid <sup>(1)</sup>	Private Payer
1987	98.3%	83.0%	119.8%
1988	94.2%	79.0%	121.7%
1989	92.1%	78.8%	124.4%
1990	89.4%	80.1%	127.8%
1991	88.5%	81.9%	130.8%
1992	89.0%	89.5%	131.8%
1993	89.9%	89.6%	130.1%
1994	96.9%	93.7%	124.4%
1995	99.4%	94.0%	124.0%
1996	102.4%	94.9%	121.6%
1997	103.7%	96.0%	117.5%
1998	101.9%	96.6%	115.8%
1999	100.0%	95.7%	115.1%
2000	99.1%	94.5%	115.7%
2001	98.4%	95.8%	116.5%
2002	97.9%	96.1%	119.0%
2003	95.3%	92.3%	122.3%
2004	91.9%	89.9%	128.9%
2005	92.3%	87.1%	129.4%
2006	91.3%	85.8%	130.3%
2007	90.6%	87.9%	132.2%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Includes Medicaid Disproportionate Share payments.

Data for Chart 4.6

Table 4.5: Hospital Payment Shortfall Relative to Costs for Medicare, Medicaid, and Other Government, 1997 – 2007<sup>(1)</sup>

Year	Medicare (billions)	Medicaid (billions)	Other Government (billions)
1997	\$4.3	-\$1.6	-\$0.7
1998	\$2.3	-\$1.4	-\$0.6
1999	-\$0.1	-\$1.8	-\$0.4
2000	-\$1.3	-\$2.5	-\$0.4
2001	-\$2.3	-\$2.0	-\$0.6
2002	-\$3.3	-\$2.3	-\$0.6
2003	-\$8.1	-\$4.9	-\$0.5
2004	-\$15.0	-\$7.1	-\$0.5
2005	-\$15.5	-\$9.8	-\$0.4
2006	-\$18.6	-\$11.3	\$1.1
2007	-\$21.5	-\$10.4	\$1.4

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> Costs reflect a cap of 1.0 on the cost-to-charge ratio.

Data for Chart 4.7



# APPENDIX 5

Supplementary Data Tables  
Workforce

Table 5.2: Medical and Dental Residents in Training in Community Hospitals, 1987 – 2007

Year	Residents
1987	60,909
1988	63,608
1989	64,478
1990	64,530
1991	67,189
1992	69,111
1993	73,377
1994	74,027
1995	78,137
1996	77,160
1997	75,398
1998	78,345
1999	77,796
2000	77,411
2001	77,731
2002	78,715
2003	77,813
2004	84,628
2005	83,823
2006	85,320
2007	92,311

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Chart 5.3

Table 5.3: Total Full-time Equivalent Employees Working in Hospitals and Full-time Equivalents per Adjusted Admission,<sup>(1)</sup> 1987 – 2007

Year	FTE Personnel	FTE per Adjusted Admission
1987	3,106,082	0.078
1988	3,195,168	0.080
1989	3,297,947	0.082
1990	3,415,622	0.083
1991	3,530,623	0.084
1992	3,615,145	0.084
1993	3,674,250	0.085
1994	3,690,905	0.083
1995	3,707,958	0.081
1996	3,724,843	0.079
1997	3,789,752	0.078
1998	3,831,068	0.077
1999	3,837,964	0.075
2000	3,911,412	0.073
2001	3,987,274	0.073
2002	4,069,495	0.072
2003	4,108,628	0.071
2004	4,147,941	0.070
2005	4,256,899	0.070
2006	4,343,480	0.071
2007	4,465,028	0.072

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

<sup>(1)</sup> An aggregate measure of workload reflecting the number of inpatient admissions, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient admission in terms of level of effort.

Data for Charts 5.4 and 5.5

Table 5.4: Number of RN Full-time Equivalent Employees, RN Full-time Equivalent Employees per Adjusted Admission, and RN Full-time Equivalents as a Percentage of Total FTEs, 1987 – 2007

Year	RN FTEs (thousands)	RN FTEs per Adjusted Admission	RN FTEs as a Percent of Total FTEs
1987	759.0	0.0192	24.4%
1988	770.6	0.0192	24.1%
1989	791.5	0.0196	24.0%
1990	809.9	0.0197	23.7%
1991	840.5	0.0200	23.8%
1992	858.9	0.0201	23.8%
1993	874.1	0.0201	23.8%
1994	890.9	0.0201	24.1%
1995	893.7	0.0195	24.1%
1996	895.1	0.0190	24.0%
1997	901.2	0.0185	23.8%
1998	929.7	0.0186	24.3%
1999	938.1	0.0182	24.4%
2000	957.6	0.0179	24.5%
2001	958.0	0.0174	24.0%
2002	988.1	0.0174	24.3%
2003	1,021.3	0.0177	24.9%
2004	1,053.1	0.0179	25.4%
2005	1,094.2	0.0181	25.7%
2006	1,138.6	0.0185	26.2%
2007	1,191.2	0.0192	26.7%

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Charts 5.6 and 5.7



# APPENDIX 6

Supplementary Data Tables  
The Economic Contribution  
of Hospitals

Table 6.1: Number of Full-time and Part-time Hospital Employees, 1993 – 2007

Year	Employees (thousands)
1993	4,315.7
1994	4,347.8
1995	4,384.8
1996	4,397.9
1997	4,495.5
1998	4,536.4
1999	4,544.4
2000	4,652.9
2001	4,713.4
2002	4,818.1
2003	4,876.7
2004	4,922.9
2005	5,047.1
2006	5,152.1
2007	5,287.5

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2007, for community hospitals.

Data for Chart 6.2



# APPENDIX 7

Supplementary Data Tables  
Community Health Indicators

Table 7.1: U.S. Population Trends and Projections<sup>(1)</sup> by Age, 1980 – 2050

Year	Population 0-19 Years (thousands)	Population 20-64 Years (thousands)	Population 65-84 Years (thousands)	Population 85+ Years (thousands)
1980	72,416	128,634	23,306	2,193
1990	71,322	146,146	28,162	3,080
2000	80,549	166,515	30,794	4,267
2010	84,151	185,854	34,478	5,751
2020	90,703	195,881	48,208	6,597
2030	97,683	203,730	63,348	8,746
2040	104,616	219,800	67,041	14,198
2050	112,940	237,521	69,506	19,042

Source: U.S. Department of Commerce, Bureau of the Census. (2004). *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. U.S. Department of Commerce, Bureau of the Census. (2008). *Projections of the Population by Age and Sex for the United States*.

<sup>(1)</sup> Years 2010 through 2050 are projections. Projections are based on 2008 source.

Data for Chart 7.1

Table 7.2: U.S. Population Trends and Projections<sup>(1)</sup> by Race<sup>(2)</sup>, 2000 – 2050

Year	White, Non-Hispanic (thousands)	Black (thousands)	White, Hispanic (thousands)	Asian (thousands)	All Other <sup>(3)</sup> (thousands)
2000	195,729	35,818	35,622	10,684	7,075
2010	200,853	39,909	45,778	14,415	9,279
2020	205,255	44,389	61,020	18,756	11,967
2030	207,217	48,728	78,892	23,586	15,081
2040	206,065	52,868	99,183	28,836	18,704
2050	203,347	56,944	121,453	34,399	22,867

Source: U.S. Department of Commerce, Bureau of the Census. (2004). *U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin*. U.S. Department of Commerce, Bureau of the Census. (2008). *Projections of the Population by Age and Sex for the United States*.

<sup>(1)</sup> Years 2010 through 2050 are projections. Projections are based on 2008 source

<sup>(2)</sup> Black, Asian, and All Other categories include individuals of Hispanic and non-Hispanic origin.

<sup>(3)</sup> All Other includes American Indian, Native Alaskan, Native Hawaiian, other Pacific Islander, and two or more races.

Data for Chart 7.2

Table 7.3: Age-adjusted Death Rates, Selected Causes, by Race<sup>(1)</sup>, 2005

Cause of Death	All Persons (per 100,000)	White (per 100,000)	Black (per 100,000)
Diseases of the Heart	211.1	207.8	271.3
Malignant Neoplasms	183.8	182.6	222.7
Cerebrovascular Disease	46.6	44.7	65.2
Chronic Lower Respiratory Diseases	43.2	45.4	30.6
Diabetes Mellitus	24.6	22.5	46.9
Influenza and Pneumonia	20.3	20.2	21.7
HIV Infection	4.2	2.2	19.4

Source: National Center for Health Statistics. (2008). Health, United States, 2008 with Chartbook on Trends in the Health of Americans. Hyattsville, MD.

<sup>(1)</sup> Includes individuals of Hispanic and non-Hispanic origin.

Data for Chart 7.3

Table 7.4: Number of Persons with Asthma, 1980-2006

Year	Total (millions)
1980	6.98
1985	8.61
1990	10.31
1995	14.84
2000	26.90
2005	32.62
2006	34.13

Source: Centers for Disease Control and Prevention (2002). "Asthma Surveillance – United States, 1980-1999." National Center for Health Statistics. National Health Interview Survey 2001, 2005, 2006.

Data for Chart 7.6

Table 7.5: Percent of Adults Who Are Overweight<sup>(1)</sup> and Obese, 1960 – 2006

Years	Overweight <sup>(1)</sup>	Obesity
1960-1962	44.8%	13.3%
1976-1980	47.4%	15.1%
1988-1994	56.0%	23.3%
2001-2004	65.2%	31.1%
2003-2006	66.9%	34.1%

Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> Overweight includes obese.

Data for Chart 7.8

Table 7.6: Percent Uninsured by Race<sup>(1)(2)</sup>, 1984-2006

Year	All	White	Black	Asian	Hispanic
1984	14.5%	11.9%	19.7%	18.5%	29.5%
1989	15.6%	12.1%	21.5%	16.9%	33.7%
1995	16.1%	13.0%	17.9%	18.6%	31.4%
2000	17.0%	12.5%	19.5%	17.6%	35.6%
2005	16.4%	12.0%	18.4%	17.1%	33.0%
2006	17.0%	12.5%	17.5%	15.0%	35.0%

Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

<sup>(2)</sup> Data for population under age 65.

Data for Chart 7.13

Table 7.7: Percent of Persons with No Usual Source of Care by Race<sup>(1)</sup>, 1993 – 2006

Year	White	Black	Asian	Hispanic
<b>Adults</b>				
1993-1994	17.1	19.7	24.8	30.3
1995-1996	15.0	18.1	21.5	27.4
1997-1998	15.4	19.3	21.7	30.4
1999-2000	14.9	19.2	22.1	32.6
2001-2002	13.1	16.8	20.1	32.5
2003-2004	14.0	18.1	19.3	32.9
2005-2006	14.8	19.2	17.9	35.1
<b>Children Under 18 Years</b>				
1993-1994	5.7	10.2	9.7	14.3
1995-1996	4.6	7.5	8.4	13.2
1997-1998	4.5	8.8	10.7	13.2
1999-2000	4.7	7.6	10.0	14.2
2001-2002	3.4	6.6	11.2	13.5
2003-2004	3.2	6.2	7.7	11.4
2005-2006	3.3	5.4	7.7	11.5

Source: National Center for Health Statistics. (2008). *Health, United States, 2008 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> White and Black categories include individuals of non-Hispanic origin only. Asian category includes individuals of Hispanic and non-Hispanic origin.

Data for Charts 7.14, 7.16

Table 7.8: Percent of Children with No Healthcare Visits by Race<sup>(1)</sup>, Insurance Status, 1997 and 2006

	1998	2006
<b>Race</b>		
White	10.7%	9.4%
Black	14.5%	11.7%
Asian	16.3%	17.5%
Hispanic	19.3%	17.4%
<b>Insurance Status</b>		
Any Insurance	10.4%	9.5%
Private Insurance	10.4%	9.4%
Medicaid	10.1%	9.5%
Uninsured	28.8%	31.7%

Source: National Center for Health Statistics. (2007). *Health, United States, 2007 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD.

<sup>(1)</sup> White and Black include individuals of non-Hispanic origin only. Asian includes individuals of Hispanic and non-Hispanic origin.

Data for Chart 7.19



# GLOSSARY

**Adjusted Admission** – An aggregate measure of workload reflecting the sum of admissions and equivalent admissions attributed to outpatient services. The number of equivalent admissions attributed to outpatient services is derived by multiplying admissions by the ratio of outpatient revenue to inpatient revenue.

**Assisted Living** – Special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who require assistance in activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbors and friends.

**Average Age of Plant** – Accumulated depreciation divided by current depreciation expense.

**Community Hospitals** – Nonfederal, short-term general, and special hospitals whose facilities and services are available to the public (e.g., obstetrics and gynecology; eye; ear, nose, and throat; rehabilitation; orthopedic; and other individually described specialty services).

**FTE per Adjusted Admission** – The number of full-time equivalent staff, converted to the number of employees who work full-time divided by the number of adjusted admissions.

**Group Practice without Walls** – Hospital sponsored physician group. The group shares administrative expenses, although the physicians remain independent practitioners.

**Health System** – Hospitals belonging to a corporate body that owns and/or manages health provider facilities or health-related subsidiaries. The system may also own non-health-related facilities.

**Home Health Service** – Service providing nursing, therapy, and health related home-maker or social services in the patient's home.

**Horizontal Integration** – Merging of two or more firms at the same level of production in some formal, legal relationship. In hospital networks, this may refer to the grouping of several hospitals, outpatient clinics with the hospital, or a geographic network of various health care services.

**Hospice** – Program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. This care can be provided in a variety of settings, both inpatient and at home.

**Hospital Income from Investments and Other Non-operating Gains** – Income not associated with the central operations of the hospital facility. Non-operating gains include income from non-operating activities, including investments, endowments and extraordinary gains, as well as the value of non-realized gains from investments.

**Hospital Total Net Revenue** – Net patient revenue plus all other revenue, including contributions, endowment revenue, governmental grants, and all other payments not made on behalf of individual patients.

**Hospital Operating Margin** – Difference between operating revenue and operating expenses divided by operating revenue; excludes non-operating revenue.

**Hospital Patient Margin** – Difference between net patient revenue and total expenses divided by net patient revenue.

**Hospital Total Margin** – Difference between total net revenue and total expenses divided by total net revenue.

**Independent Practice Association (IPA)** – Legal entity that holds managed care contracts and contracts with physicians to provide care either on a fee-for-service or capitated basis.

**Inpatient Surgery** – Surgical services provided to patients who remain in the hospital overnight.

**Long Term Care** – Package of services provided to those who are aged, chronically ill or disabled. Services are delivered for a sustained period to individuals who have a demonstrated need, usually measured by functional dependency.

**Management Services Organization (MSO)** – Corporation often owned by the hospital or a physician/hospital joint venture that provides management services to one or more medical group practices. As part of a full-services management agreement, the MSO purchases the tangible assets of the practices and leases them back, employs all non-physician staff, and provides all supplies/administrative systems for a fee.

**Meals on Wheels** – Hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.

**Medicaid Margin** – Difference between revenue from Medicaid and expenses associated with treating Medicaid patients divided by revenue from Medicaid.

**Medicare Margin** – Difference between revenue from Medicare and expenses associated with treating Medicare patients divided by revenue from Medicare.

**Niche Providers** – Providers that focus on a specific set of medical services, a particular population, or a limited set of medical conditions.

**Non-patient Hospital Costs** – Costs not associated with direct patient care, such as the costs of running cafeterias, parking lots, and gift shops.

**Outpatient Surgery** – Scheduled surgical services provided to patients who do not remain in the hospital overnight. In the AHA Annual Survey, outpatient surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.

**Outpatient Visit** – Visit by a patient not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient department makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits.

**Payment-to-cost Ratio** – Ratio illustrating the relationship between hospital payments and costs; a ratio equal to "1" reflects payments at 100 percent of costs.

#### **Physician Hospital Organization (PHO)**

**Closed PHO** – Joint venture between a hospital and physicians who have been selected on the basis of cost-effectiveness and/or high quality. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

**Open PHO** – Joint venture between a hospital and all members of the medical staff who wish to participate. The open PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.

**Private Pay Margin** – Difference between revenue from non-government payers and expenses associated with treating private pay patients divided by revenue from non-government payers.

**Skilled Nursing Facility** – Institution, or part of an institution, which is primarily engaged in providing to residents a certain level of skilled nursing care and/or rehabilitation services for the injured, disabled, or sick.

**Uncompensated Care** – Care provided by hospitals for which hospitals do not receive payment.

**Underwriting** – A health insurer or health plan accepts responsibility for paying the health care services of covered individuals in exchange for dollars, usually referred to as premiums. When a health insurer collects more in premiums than it pays in claim costs and administrative expenses, an underwriting gain is said to occur. If the total expenses exceed the premium dollars collected, an underwriting loss occurs.

**Underwriting Cycle** – Repeating pattern of gains and losses within the insurance industry.

**Vertical Integration** – Organization of production whereby one business entity controls or owns all stages of the production and distribution of goods or services. In health care, vertical integration can take different forms but most often refers to physicians, hospitals, and health plans combining their organizations or processes in some manner to increase efficiencies and competitive strength or to improve quality of care. Integrated delivery systems or healthcare networks are generally vertically integrated.